Altoona City Authority
Water/Wastewater
20 Greenwood Road
Altoona, PA 16602
phone: 814.949.2222
fax: 814.949.2254
altoonawater.com

EPA

Altoona City Authority
Wastewater Division

Application for Permit to Discharge Sewage

Westerly Wastewater Treatment Facility
NPDES Permit No. PA0027022

Allegheny Township, Blair County

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) APPLICATION FOR PERMIT TO DISCHARGE SEWAGE (long form)

APPLICANT'S ✓ CHECKLIST

APPLICANT NAME	Altoona City Auhority - Westerly

Check the following list to make sure you have included all the required information. Place a checkmark in the box provided for all items completed and/or provided. Failure to provide all of the requested information will delay the processing of the application.

ENCLOSE THIS CHECKLIST WITH YOUR COMPLETED APPLICATION.

	REQUIREMENTS FOR ALL DISCHARGES	Check ✓ if Included	DEP Use Only
1.	General Information Form (8000-PM-IT0001).	☒	
2.	1 original and 2 copies of application package (3800-PM-WSWM0009b).	☒	
3.	Additional copy for the river basin commission (if required).	☐	
4.	Additional copy for Erie or Allegheny county (if required).	☐	
5.	Application Fee $500.00.	☒	
6.	Proper evidence of Act 14 municipality and county notifications.	☒	
7.	Topographic Map.	☒	
8.	Wastewater Treatment Technology Sheet (3800-PM-WSWM0009d).	☒	
9.	Industrial User (IU) Information Sheets (3800-PM-WSWM0009e).	☒	
10.	Analysis Results Tables (3800-PM-WSWM0009f-k).	☒	
11.	3 copies of Whole Effluent Toxicity Test Data (if required).	☒	
12.	Stormwater Sampling Data Tables (3800-PM-WSWM0009l) (if required).	☒	
13.	Other:	☐	

8000-PM-T0001 Rev 06/07/2002

FORM

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

Related IDs (If Known)		DEP USE ONLY
Client ID#	APS ID#	Date Received & General Notes
Site ID#	Auth ID#	
Facility ID#		

CLIENT INFORMATION

DEP Client ID#	Client Type / Code
	AUTH

Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#
ALTOONA CITY AUTHORITY	23-6268625	

Individual Last Name	First Name	MI	Suffix	SSN

Additional Individual Last Name	First Name	MI	Suffix	SSN

Mailing Address Line 1	Mailing Address Line 2
20 GREENWOOD ROAD	

Address Last Line – City	State	ZIP+4	Country
ALTOONA	PA	16602-7114	USA

Client Contact Last Name	First Name	MI	Suffix
Boliski	George	C.	

Client Contact Title	Phone	Ext
Supervisor - Wastewater Treatment Operations	814-949-2246	

Email Address	FAX
gcboliski@aol.com	814-949-0979

SITE INFORMATION

DEP Site ID#	Site Name
	Westerly Wastewater Treatment Facility

EPA ID#	Estimated Number of Employees to be Present at Site	17

Description of Site
Wastewater Treatment Facility

County Name	Municipality	City	Boro	Twp	State
Blair	Allegheny	☐	☐	☒	
County Name	Municipality	City	Boro	Twp	State
		☐	☐	☐	

Site Location Line 1	Site Location Line 2
3172 Route 764	

Site Location Last Line – City	State	ZIP+4
Duncansville	PA	16635-7800

Detailed Written Directions to Site
Take State Route 764 North from the I-99 and US 22 interchange approximately 1.0 mile to the main entrance on the right.

Site Contact Last Name	First Name	MI	Suffix
Farrell	James		

Site Contact Title	Site Contact Firm
Foreman	

Mailing Address Line 1	Mailing Address Line 2
3172 Route 764	

Mailing Address Last Line – City	State	ZIP+4
Duncansville	PA	16635-7800

Phone	Ext	FAX	Email Address
814-949-2218		814-949-0979	

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) **6-Digit Code** (Optional)
49

Client to Site Relationship
OWNOP

FACILITY INFORMATION

Modification of Existing Facility

		Yes	No
1.	**Will this project modify an existing facility, system, or activity?**	☐	☒
2.	**Will this project involve an addition to an existing facility, system, or activity?**	☐	☒

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

	Facility Type	DEP Fac ID#		Facility Type	DEP Fac ID#
☐	Air Emission Plant		☐	Industrial Minerals Mining Operation	
☐	Beneficial Use (water)		☐	Laboratory Location	
☐	Blasting Operation		☐	Land Recycling Cleanup Location	
☐	Captive Hazardous Waste Operation		☐	MineDrainageTrmt/LandRecyProjLocation	
☐	Coal Ash Beneficial Use Operation		☐	Municipal Waste Operation	
☐	Coal Mining Operation		☐	Oil & Gas Encroachment Location	
☐	Coal Pillar Location		☐	Oil & Gas Location	
☐	Commercial Hazardous Waste Operation		☐	Oil & Gas Water Poll Control Facility	
☐	Dam Location		☐	Public Water Supply System	
☐	Deep Mine Safety Operation -Anthracite		☐	Radiation Facility	
☐	Deep Mine Safety Operation -Bituminous		☐	Residual Waste Operation	
☐	Deep Mine Safety Operation -Ind Minerals		☐	Storage Tank Location	
☐	Encroachment Location (water, wetland)		☐	Water Pollution Control Facility	
☐	Erosion & Sediment Control Facility		☐	Water Resource	
☐	Explosive Storage Location		☐	Other:	

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	40	29	3	78	33	51

Horizontal Accuracy Measure Feet *–or–* Meters

Horizontal Reference Datum Code
☐ North American Datum of 1927
☐ North American Datum of 1983
☐ World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude Feet *–or–* Meters

Altitude Datum Name
☐ The National Geodetic Vertical Datum of 1929
☐ The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

Source Map Scale Number Inch(es) = Feet
–or– Centimeter(s) = Meters

PROJECT INFORMATION

Project Name

Project Description

Project Consultant Last Name **First Name** **MI** **Suffix**

Project Consultant Title **Consulting Firm**

Mailing Address Line 1 **Mailing Address Line 2**

Address Last Line – City **State** **ZIP+4**

Phone	Ext	FAX	Email Address

Time Schedules	Project Milestone (Optional)

1.	**Is this application for an authorization type on the list of authorizations affected by the land use policy?**	☐	Yes	☒	No
	Note: If "Yes", you must complete the following Land Use Information section, unless exempted by Questions 2 or 3 below. If "No", skip Questions 2 & 3 below as well as the following Land Use Information section. For referenced list, see Appendix A attached to the GIF Instructions.				
2.	**For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area?**	☐	Yes	☐	No
	Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below. If "No", skip Question 3 below as well as the following Land Use Information section.				
3.	**Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project?**	☐	Yes	☐	No
	Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist and Instructions should be attached. If "No" to Question 3, continue with the following Land Use Information section.				

LAND USE INFORMATION

Note: Applicants are encouraged to submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.

1.	**Is there a municipal comprehensive plan(s)?**	☐	Yes	☐	No
2.	**Is there a county comprehensive plan(s)?**	☐	Yes	☐	No
3.	**Is there a multi-municipal or multi-county comprehensive plan?**	☐	Yes	☐	No
4.	**Is the proposed project consistent with these plans?** If no plan(s) exists, answer "Yes".	☐	Yes	☐	No
5.	**Is there a municipal zoning ordinance(s)?**	☐	Yes	☐	No
6.	**Is there a joint municipal zoning ordinance(s)?**	☐	Yes	☐	No
7.	**Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)?** If zoning approval has already been received, attach documentation.	☐	Yes	☐	No
8.	**Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding?**	☐	Yes	☐	No
9.	**Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program?**	☐	Yes	☐	No
10.	**Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program?**	☐	Yes	☐	No
11.	**Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement?**	☐	Yes	☐	No
12.	**Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area?**	☐	Yes	☐	No
13.	**Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code?**	☐	Yes	☐	No

Note: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	**Is this a coal mining project?** If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)	☐	Yes	☐	No
1.1	**Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day?** (DEP Use/4x70)	☐	Yes	☐	No
1.2	**Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year?** (DEP Use/4x70)	☐	Yes	☐	No
1.3	**Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used?** (DEP Use/4x70)	☐	Yes	☐	No
1.4	**For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?** (DEP Use/4x62)	☐	Yes	☐	No
1.5	**Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?** (DEP Use/3140)	☐	Yes	☐	No
1.6	**Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well?** (DEP Use/4z41)	☐	Yes	☐	No
2.0	**Is this a non-coal (industrial minerals) mining project?** If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	☐	Yes	☐	No
2.1	**Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel?** (DEP Use/4x70)	☐	Yes	☐	No
2.2	**Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials?** (DEP Use/4x70)	☐	Yes	☐	No
2.3	**Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)?** (DEP Use/4x70)	☐	Yes	☐	No
2.4	**For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?** (DEP Use/4x62)	☐	Yes	☐	No
2.5	**Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?** (DEP Use/3140)	☐	Yes	☐	No

3.0	**Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well?** If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	☐	Yes	☒	No
3.1	**Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)?** (DEP Use/4z41)	☐	Yes	☐	No
3.2	**Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system?** If "Yes", discuss in *Project Description*. (DEP Use/4z41)	☐	Yes	☐	No
3.3	**Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities?** (DEP Use/4z41)	☐	Yes	☐	No
4.0	**Will the project involve a construction activity that results in earth disturbance?** If "Yes", specify the total disturbed acreage. (DEP Use/4x66) **4.0.1 Total Disturbed Acreage**	☐	Yes	☒	No
5.0	**Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)?** (DEP Use/4x66)	☐	Yes	☒	No
6.0	**Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system?** If "Yes", discuss in *Project Description*. (DEP Use/4x62)	☐	Yes	☒	No
7.0	**Will the project involve the construction and operation of industrial waste treatment facilities?** (DEP Use/4x62)	☐	Yes	☒	No
8.0	**Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations?** If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the *Project Description*, where applicable. (DEP Use/4x62) **8.0.1 Estimated Proposed Flow (gal/day)**	☐	Yes	☒	No
9.0	**Was sewage planning submitted and approved?** If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61) **9.0.1 Is Act 537 Approval Letter attached?**	☐	Yes	☐	No
10.0	**Is this project for the beneficial use of biosolids for land application within Pennsylvania?** If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4X62) **10.0.1 Gallons Per Year (residential septage)** **10.0.2 Dry Tons Per Year (biosolids)** 750	☒	Yes	☐	No
11.0	**Does the project involve construction, modification or removal of a dam?** If "Yes", identify the dam. (DEP Use/3140) **11.0.1 Dam Name**	☐	Yes	☒	No
12.0	**Will the project interfere with the flow from, or otherwise impact, a dam?** If "Yes", identify the dam. (DEP Use/3140) **12.0.1 Dam Name**	☐	Yes	☒	No
13.0	**Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)?** If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70) **13.0.1 Enter all types & amounts of emissions; separate each set with semicolons.**	☐	Yes	☒	No

14.0	**Is an on-site drinking water supply (well), other than individual house wells, proposed for your project?** If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)	☐	Yes	☒	No
	14.0.1 Number of Persons Served _____				
	14.0.2 Number of Employee/Guests _____				
	14.0.3 Number of Connections _____				
	14.0.4 Sub-Fac: Distribution System	☐	Yes	☐	No
	14.0.5 Sub-Fac: Water Treatment Plant	☐	Yes	☐	No
	14.0.6 Sub-Fac: Source	☐	Yes	☐	No
	14.0.7 Sub-Fac: Pump Station	☐	Yes	☐	No
	14.0.8 Sub-Fac: Entry Point	☐	Yes	☐	No
	14.0.9 Sub-Fac: Transmission Main	☐	Yes	☐	No
	14.0.10 Sub-Fac: Storage Facility	☐	Yes	☐	No
15.0	**Will your project involve purchasing water in bulk, excluding during the construction period?** If "Yes, name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81)	☐	Yes	☒	No
	15.0.1 Provider's Name _____				
	15.0.2 Number of Employees/Guests				
16.0	**Is your project to be served by public water supply?** If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81)	☐	Yes	☒	No
	16.0.1 Supplier's Name _____				
	16.0.2 Letter of Approval from Supplier is Attached	☐	Yes	☐	No
17.0	**Will this project involve a new or increased drinking water withdrawal from a stream or other water body?** If "Yes", provide name of stream. (DEP Use/4x81)	☐	Yes	☒	No
	17.0.1 Stream Name				
18.0	**Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste?** If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32)	☐	Yes	☒	No
	18.0.1 Type & Amount				
19.0	**Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities?** (DEP Use/48y1)	☐	Yes	☒	No
20.0	**Does your project involve installation of a field constructed underground storage tank?** If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	☐	Yes	☒	No
	20.0.1 Enter all substances & capacity of each; separate each set with semicolons.				
21.0	**Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility?** If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	☐	Yes	☒	No
	21.0.1 Enter all substances & capacity of each; separate each set with semicolons.				
22.0	**Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724?** If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	☐	Yes	☒	No
	22.0.1 Enter all substances & capacity of each; separate each set with semicolons.				

23.0	**Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons?** If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	☐	Yes	☒ No
23.0.1	**Enter all substances & capacity of each; separate each set with semicolons.**			

CERTIFICATION

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name Maurice Lawruk

Signature _____ **Title** Chairman **Date** 8/10/05

Applicant Name: Altoona City Authority

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) APPLICATION FOR PERMIT TO DISCHARGE SEWAGE (long form)

Before completing this form, read the step-by-step instructions provided in this application package.

Related ID#s (If Known)				DEP USE ONLY
Client ID#		APS ID#		Date Received & General Notes
Site ID#		Auth ID#		
Facility ID#				PA

A. APPLICATION INFORMATION

Applicant/Operator Name: **Altoona City Authority**

Is this an application for a:

☐ New permit

Complete the General Information Form (GIF) 8000-PM-IT0001 and attach to the front of the application.

☒ Permit Renewal

List the current NPDES Permit number PA0027022

Complete the Client and Site Sections of the GIF and attach to the front of the application.

☐ Permit Amendment or Permit Renewal with Amendment

List the current NPDES Permit number PA_____

List the current WQM Permit number _____

Complete the GIF and attach to the front of the application.

B. TRIBUTARY SEWER SYSTEM INFORMATION

All Municipalities Served	Flow Contribution %	Type of Sewer System (%)		
		Separate	Combined	Total
City of Altoona	79%	65%	35%	100
Township of Logan	14%	100%		100
Allegheny Township	7 %	100%		100
				100
				100
				100
				100
				100
				100
				100
				100
				100
				100
TOTAL	100			

Applicant Name: Altoona City Authority

C. TOPOGRAPHIC, OUTFALL AND SITE INFORMATION

1. Topographic Maps	Name of Quadrant	Hollidaysburg	Map Section	

2. Site Map

a. Provide a site map or sketch of the treatment facility site. (See Instructions.)

b. Complete a Wastewater Treatment Technology (3800-PM-WSWM0009d) (see Appendix 1 for instructions) sheet for each outfall involving wastewater treatment.

Number of Wastewater Treatment Technology sheets attached: 1

3. Outfall Location – For each outfall, list the following information. Attach additional sheets if necessary.

TREATMENT OUTFALL NUMBER	LATITUDE			LONGITUDE			RECEIVING STREAM	
	Deg	Min	Sec	Deg	Min	Sec	Name	Protected Water Uses
001	40	27	17	78	25	35	Beaver Dam Branch	

STORMWATER OUTFALL	LATITUDE			LONGITUDE			RECEIVING STREAM	
	Deg	Min	Name	Deg	Min	Sec	Name	Protected Water Uses
003	40	27	15	78	25	30	Beaver Dam Branch	
004	40	27	30	78	25	45	Beaver Dam Branch	
005	40	27	15	78	25	30	Beaver Dam Branch	
006	40	27	15	78	25	30	Beaver Dam Branch	

COMBINED SEWER OVERFLOWS	LATITUDE			LONGITUDE			LOCATION	RECEIVING STREAM NAME
	Deg	Min	Sec	Deg	Min	Sec		
002	40	29	03	78	23	51	Tuckahoe Park	Mill Run Stream

4. Plant Bypass, Sewer System Overflow, and other Outfall Information

Complete the following information for each plant bypass, sewer system overflow, and other outfall. Attach additional sheets as necessary.

Outfall Number	Occurrence (Check One) Wet	Occurrence (Check One) Dry	Frequency (Times per Year)	Duration (Hours)	Volume (Gallons per Incident)	Location	Reason or Cause (Describe)
Treatment Plant Bypasses							
	☐	☐					
Sewer System Overflows							
	☐	☐					
"Other" Outfalls							
	☐	☐					

5. Name of Nearest Downstream Potable Water Intake — Distance _____ miles

D. POLLUTANT IDENTIFICATION AND ANALYSIS

1. Complete an Industrial User Information sheet (3800-PM-WSWM0009e) for each industrial user (IU) contributing wastewater to the treatment facility. (See Appendix 1 for instructions.)

Number of IU Information sheets attached: 18

2. Summary of Required Analysis

Outfall	Discharge Contains: Industrial	Sanitary	Stormwater	Pollutants or Pollutant Groups which must be sampled for and analyzed
001	☒	☒	☒	Group 2, 3, 4, & 5
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

3. Complete an Analysis Results Table (3800-PM-WSWM0009f-k) for each wastewater outfall, combined outfall and influent for all the Pollutants/Pollutant Group(s) identified above.

4. Optional Site-Specific Data

Additional Analysis Results Tables may be attached to provide any of the optional site-specific information discussed in Appendix 3. (Space is provided at the top to provide a description of sampling points used.)

Optional site-specific data is attached to this application. ☐ YES ☒ NO

5. Other Potentially Toxic Pollutants Known or Expected to be Present in the Discharge

a. GC/MS "Five Peaks" pollutants (see instructions).

Group Number (3 - 6)	Chemical Substance or Compound Name	Analytical Detection Limit (µg/L)	Average Effluent Concentration (µg/L)	Maximum Effluent Concentration (µg/L)	No. Samples Positive / No. analyzed
					/
					/
					/
					/
					/

b. Other Potential Pollutants

Substance	Reason for Presence in Discharge	Average Concentration (µg/L)	Indicate if Presence is Known (K) or Suspected (S)

☐ If additional peaks were not available for one or more groups with the method used check here and attach an explanation of why the method was selected.

6. Whole Effluent Toxicity (WET) Test Results

Required by 40 CFR §122.21(j)(5) to submit WET testing results? ☒ YES (Attach test results) ☐ NO

If "NO," is there known or reason to believe that any WET testing was conducted in the last three (3) years on any of the facility's discharges, or on a receiving water in relation to a discharge? ☐ YES ☐ NO

If "YES," attach any information which you have available on the purpose and nature of such testing, and the test results.

If "NO," all dischargers are still encouraged to perform WET testing. DEP may be contacted for appropriate protocols.

E. STORMWATER

1. Site Drainage Map. (See Instructions.)

2. Description of Potential Pollutant Sources and Controls

a. For each stormwater outfall, provide an estimate of the area (include units) drained to the outfall, and a list of potential pollutant sources for the outfall.

Outfall Number	Total Area Drained (provide units)	Sampling Data		Potential Pollutant Sources
		Sampled	Representative	
004	5.43 acres	☒	☐	paved roadways, parking areas, roofs
005	5.4 acres	☒	☐	paved roadways, roofs
006	3.73 acres	☒	☐	paved roadways, parking areas, roofs

b. Describe Best Management Practices and nonstructural controls used to prevent potential pollutants in stormwater.

c. For each stormwater outfall, provide the location and description of existing structural control measures used to reduce pollutants in stormwater runoff; and a description of the treatment the stormwater receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Control Measures
004	All inlets have sumps to retain solids. Inlets and discharge point receive yearly inspections and maintenance. Debris is taken to a landfill.
005	All inlets have sumps to retain solids. Inlets and discharge point receive yearly inspections and maintenance. Debris is taken to a landfill.
006	All inlets have sumps to retain solids. Inlets and discharge point receive yearly inspections and maintenance. Debris is taken to a landfill.

3. Stormwater Information Submission

Complete a Stormwater Sampling Data Table (3800-PM-WSWM0009l) for each stormwater outfall sampled.

Indicate the total number of sheets submitted: 4

F. INFORMATION ON STATUS OF OTHER ENVIRONMENTAL PROTECTION EFFORTS

1. Municipal Wasteload Management

Are any of the facilities covered by this application currently (or expected to be) under a hydraulic/organic overload condition as defined by Chapter 94 of DEP's Regulations?

☒ YES ☒ NO

If "YES," provide a brief description of the actions being taken under a corrective action program (CAP) to deal with the situation. If "NO," no further response is required.

2. Biosolids (Sewage Sludge) Management

a. Record the estimated total annual average dry sludge production. 988 Dry Tons/Year

The following shall be used in arriving at this number:

A Influent BOD_5 in lbs/year
B Effluent BOD_5 in lbs/year
C TSS sludge/BOD removed, to convert from CBOD to BOD, multiply the CBOD value by 1.2
D 100-Total Solids Reduction/100

$$(A - B) \times C \times D \div 2000 = Dry\ Tons / Year$$

- Use the appropriate factor from the following table

Process Type	C $TSS_{sludge}/BOD_{removed}$	Digester Type	Digester HDT(days)	D Total Solids Reduction
Activated Sludge w/Primary Clarification	0.7	Aerobic following extended aeration (MCRT>20 days)	10 15 20	10 20 30
Activated Sludge w/o Primary Clarification		Aerobic following		
Conventional	0.85	conventional	10	20
Extended Aeration	0.65	activated sludge	15	35
Contact Stabilization	1.0	(MCRT>12)	20	40
Attached Growth (TF, RBC)	1.0	Anaerobic for Activated + Primary, and Fixed Film	20 40	25 45

b. Does your facility receive sludge from other sources? ☒ YES ☐ NO

If "YES," fill out the information in the following table, if "NO," then proceed to next item.

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons Received
Blair Chalet	3,805	3	0.60
Canoe Creek State Park	8,507	19	8.61
Shamrock Trailer Court	23,155	1	1.28
		Total	10.49 Tons/Year

c. The total dry tons required to be disposed of = Total dry tons in (a) and (b) above = 998.49 Tons/Year.

d. Are the sludges and residues associated with this facility currently being (or expecting to be) handled under a permit issued by DEP under the State Biosolids Regulations (Title 25 Pa. Code Chapter 271) or the Municipal Waste Management Regulations?

☒ YES ☐ NO Land Application

☐ YES ☐ NO Biosolids Program Regs.

☐ YES ☐ NO Municipal Waste Management Regs.

If "YES," provide permit number and attach a summary of the results of the last year's chemical sludge analysis.

Permit No.: PAG-08-3512, Issued Date: April 3, 2004, Expiration Date: April 2, 2008

If "NO," explain status of efforts to obtain biosolids disposal permits. List at least two Bureau of Land Recycling and Waste Management approved sites that have been contracted to accept the biosolids from your facility.

(1)

(2)

Describe any other form of biosolids disposal practices used or proposed to be used.

Have you filed with the biosolids permitting authority (EPA) the necessary forms and reports required under the federal 503 regulation?

☒ YES ☐ NO (Provide explanation)

e. Summary

Biosolids produced:	998.49	Dry Tons/Year
Biosolids land-applied under Chapter 271 General Permits:	385	Dry Tons/Year
Number of sites the biosolids was land-applied on agricultural land:	2	
Biosolids used for site reclamation:	_____	Dry Tons/Year
Number of reclaimed sites:	_____	
Biosolids land-applied under Chapter 275 Permits:	_____	Dry Tons/Year
Sites used for biosolids under Chapter 275 Permits:	_____	

3. Local Industrial Waste Pretreatment Program

Are the facilities currently experiencing problems with:
a. Interference with operation
b. Pass through of pollutants to receiving waters
c. Biosolids (sludge) contamination
d. Worker hazards

that are (or may be) associated with sewer system users?

☐ YES ☒ NO

If "YES," describe actions being taken to deal with the problems; including future pretreatment program to be implemented.

4. Sewerage Facilities (Act 537) Planning

Are the wastewater dischargers covered by this application consistent with the DEP approved Official Sewerage Plan(s) for the affected municipalities?

☒ YES ☐ NO

If "YES," for new or expanding facilities only, attach copy of Act 537 Sewerage Facilities Planning Approval letter.

If "NO," provide an explanation.

5. Combined Sewer Overflow (CSO) Controls

Is your sewer system partially or totally combined? ☒ YES ☐ NO

If "YES," document implementation of the combined sewer overflow 9 minimum controls (NMCs) and submit your long-term control plan (LTCP) required by EPA's National CSO Control Policy and Pennsylvania's CSO Policy?

NMCs ☒ YES ☐ NO (If "NO," date expected to be documented _____)

LTCP ☒ YES ☐ NO (If "NO," date expected to be complete _____)

If "NO," please provide an explanation and implementation schedule.

6. Hauled-In Waste

Does the facility accept any hauled-in waste? ☒ YES ☐ NO

If "YES," answer the following:

Where is the hauled-in waste introduced into the treatment facility? Hauler dumping station at head of facility

What is the estimated monthly volume accepted? 150,000 gallons

What is the maximum daily volume accepted? 25,000 gallons

G. OTHER INFORMATION

1. Expand upon responses to any questions or call attention to any other information that should be considered in establishing permit limitations for the proposed or existing facility. (Optional)

2. Contracted Analytical Assistance

Did a contract laboratory or consulting firm perform any of the analysis required by this application?

☐ NO ☒ YES (Provide information below)

Name	Fairway Laboratories, Inc.	Types of Analysis Performed:
Address	2019 Ninth Avenue Altoona PA 16603	Priority Pollutant Groups
Phone	(814) -9464306	
Name	Free-Col Laboratories	Types of Analysis Performed:
Address	11618 Cotton Road Meadville, PA 16335	Whole Effluent Toxicity Testing
Phone	(814) -7246242	

Applicant Name: Altoona City Authority

H. COMPLIANCE HISTORY REVIEW

Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility? ☒ YES ☐ NO

If "YES," list each permit, order and schedule of compliance, and provide compliance status. Use additional sheets to provide information on all permits.

Permit Program	Permit No.

Brief Description of Noncompliance

Wet weather hydraulically overloaded separated sewers causing basement flooding

Steps Taken to Achieve Compliance	Date(s) Compliance Achieved
Construct relief sewers in three areas of the city, spot repairs of infiltration in sewers and manholes, and remove illegal downspouts	July 31, 2006

Current Compliance Status ☒ In Compliance ☐ In Noncompliance

I. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Maurice Lawruk — Chairman

Name (type or print legibly) — **Official Title**

Signature — 8-10-05 **Date**

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this 10th day of August 20 05

Natalie M. Adams

Notary Seal

NOTARIAL SEAL
NATALIE ADAMS, Notary Public
City of Altoona, Blair County
My Commission Expires 2/6/2008

Applicant Name: **Altoona City Authority - Westerly**
Outfall Number: 001

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

WASTEWATER TREATMENT TECHNOLOGY

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority - Westerly

Provide the following information for each outfall involving wastewater treatment.

Outfall Number: 001

Design Flow/Loads:		
Hydraulic Design Capacity	10.0	MGD
Organic Design Capacity	9007	lbs/day BOD
Existing Flows/Loads:		
Annual Average* Flow	10.54	MGD
Annual Average* Loading	6560	lbs/day BOD
Maximum Monthly Flow	17.25	MGD
Maximum Monthly Loading	8988	lbs/day BOD
Month of Maximum Flow	January 2005	
Month of Maximum Loading	January 2005	
Batch Discharge Only:		
No. of decant cycles		CYCLES/DAY
Length of each decant cycle		MIN.
Average decant discharge flow rate		GPM
* Annual Average is the average value of the most recent 12 months of data.		

DETAIL	DESCRIPTION
1. Degree of Treatment	Secondary
2. Treatment Process	Preliminary treatment is provided with bar screens and aerated grit chambers. This is followed by an aerated channel to the activated sludge and final sedimentation.
3. Disinfection Type Ulta-violet lights	Disinfection provided using 2 reactors each containing 348 UV quartz enclosed lamps divided equally into 2 banks.
4. Biosolids Treatment Aerobic Digestion	The solids generated at this facility are aerobically digested. The digested solids are dewatered to 18 - 20% using a belt filter press.
5. Biosolids Use/Disposal Land appliation or land fill.	The dewatered Class B biosolids are stored on site and applied to approved farms located in Blair and Huntingdon Counties.

Attach a Line Drawing of the treatment processes contributing to each Outfall.

Applicant Name: **Altoona City Authority - Westerly**
Outfall Number: 003

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

STORMWATER SAMPLING DATA TABLES

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority - Westerly		
OUTFALL NUMBER	003	REPRESENTATIVE OUTFALL NUMBER(S)	

1. You must provide the results of at least one analysis for every pollutant in this table.

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease		39 mg/l	27 mg/l	3	Paved road and parking areas
Biological Oxygen Demand (BOD)		5 mg/l	4 mg/l	3	
Chemical Oxygen Demand (COD)		24 mg/l	17 mg/l	3	
Total Suspended Solids (TSS)		26 mg/l	19.6 mg/l	3	
Total Kjeldahl Nitrogen		0.81 mg/l	0.76 mg/l	3	
Nitrate plus Nitrite Nitrogen		2.0 mg/l	1.06 mg/l	3	
Total Phosphorus		0.07 mg/l	0.06 mg/l	3	
pH (min./max.)		8.81 SU	7.84 SU	3	

2. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
2/14/2005	1080	0.82	101	15 gpm	16200 gal	winter	rainfall
3/23/2005	1200	1.18	75	17 gpm	20400 gal	spring	rainfall
3/28/2005	1935	1.52	16	20 gpm	38700 gal	spring	rainfall

3. Flow Measurement

Provide a description of the method of flow measurement or estimate.

Estimated

Applicant Name: **Altoona City Authority - Westerly**
Outfall Number: 004

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

STORMWATER SAMPLING DATA TABLES

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority - Westerly		
OUTFALL NUMBER	004	REPRESENTATIVE OUTFALL NUMBER(S)	

1. You must provide the results of at least one analysis for every pollutant in this table.

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease		39 mg/l	39 mg/l	3	Paved road and parking areas
Biological Oxygen Demand (BOD)		29 mg/l	17 mg/l	3	
Chemical Oxygen Demand (COD)		435 mg/l	209 mg/l	3	
Total Suspended Solids (TSS)		868 mg/l	362 mg/l	3	
Total Kjeldahl Nitrogen		10.8 mg/l	6.2 mg/l	3	
Nitrate plus Nitrite Nitrogen		2.3 mg/l	1.3 mg/l	3	
Total Phosphorus		7.04 mg/l	3.6 mg/l	3	
pH (min./max.)		8.24 SU	7.23 SU	3	

2. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
2/14/2005	1080	0.82	101	45 gpm	48600 gal	winter	rainfall
3/23/2005	1200	1.18	75	50 g/m	60000 gal	spring	rainfall
3/28/2005	1935	1.52	16	60 gpm	116100	spring	rainfall

3. Flow Measurement

Provide a description of the method of flow measurement or estimate.

Estimated

Applicant Name: Altoona City Authority - Westerly
Outfall Number: 005

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

STORMWATER SAMPLING DATA TABLES

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority - Westerly		
OUTFALL NUMBER	005	REPRESENTATIVE OUTFALL NUMBER(S)	

1. You must provide the results of at least one analysis for every pollutant in this table.

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease		39 mg/l	22 mg/l	2	Paved road and parking areas
Biological Oxygen Demand (BOD)		5.7 mg/l	4.5 mg/l	2	
Chemical Oxygen Demand (COD)		78 mg/l	58 mg/l	2	
Total Suspended Solids (TSS)		62 mg/l	41 mg/l	2	
Total Kjeldahl Nitrogen		2.05 mg/l	1.84 mg/l	2	
Nitrate plus Nitrite Nitrogen		0.44 mg/l	0.31 mg/l	2	
Total Phosphorus		1.09 mg/l	1.02 mg/l	2	
pH (min./max.)		7.39 SU	7.30 SU	2	

2. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
3/23/2005	1200	1.18	75	3 gpm	3600 gal	spring	rainfall
3/28/2005	1935	1.52	16	4 gpm	7700 gal	spring	rainfall

3. Flow Measurement

Provide a description of the method of flow measurement or estimate.

Estimated

Applicant Name: Altoona City Authority - Westerly
Outfall Number: 006

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

STORMWATER SAMPLING DATA TABLES

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority - Westerly		
OUTFALL NUMBER	006	REPRESENTATIVE OUTFALL NUMBER(S)	

1. You must provide the results of at least one analysis for every pollutant in this table.

Pollutant	CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		
Oil and Grease		39 mg/l	39 mg/l	3	Paved road and parking areas
Biological Oxygen Demand (BOD)		5 mg/l	4 mg/l	3	
Chemical Oxygen Demand (COD)		51 mg/l	38 mg/l	3	
Total Suspended Solids (TSS)		203 mg/l	82 mg/l	3	
Total Kjeldahl Nitrogen		2.96 mg/l	1.4 mg/l	3	
Nitrate plus Nitrite Nitrogen		4.o mg/l	2.7 mg/l	3	
Total Phosphorus		0.49 mg/l	0.33 mg/l	3	
pH (min./max.)		7.85 SU	7.37 SU	3	

2. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
2/14/2005	1080	0.82	101	35 gpm	37000 gal	winter	rainfall
3/23/2005	1200	1.18	75	45 gpm	54000 gal	spring	rainfall
3/28/2005	1935	1.52	16	55 gpm	106425	spring	rainfall

3. Flow Measurement

Provide a description of the method of flow measurement or estimate.

Estimated

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Dom's Citco Service	Categorical Industry ☐ YES ☐ NO
2. Address:	8th Avenue & 24th Street Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: Cit of Altoona

4. Description of Industry and Wastewater Characteristics: Groundwater Remediation Project

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☐ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	45,000
		NCCW	
		Sanitary	
		Other	
		Total	45,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Cookson Electronics	Categorical Industry ☒ YES ☐ NO
2. Address:	4100 Sixth Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part 471

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics: Manufacturer of solder, solder fluxes, and lead pipe for the steel industry. Recycles solder and related metals

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
A	Lead-Tin-Bismuth Forming	Process	20,000
		NCCW	
		Sanitary	1,500
		Other	5,000
		Total	26,500

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility		
1. IU Name:	Altoona Regional Health System – Bon Secours Campus	Categorical Industry	☐ YES ☒ NO
2. Address:	2500 Sixth Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part	

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics: Health Care Provider

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	
		NCCW	
		Sanitary	29,600
		Other	
		Total	29,600

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility
1. IU Name:	Laurel Highlands Landfill
2. Address:	260 Laurel Ridge Road Johnstown, PA 15909

Categorical Industry ☐ YES ☒ NO

Subchapter N - Effluent Guidelines and Standards
40 CFR Part

3. Municipality: Vintondale, Cambria County

4. Description of Industry and Wastewater Characteristics: Municipal Landfill Leachate would be discharged by tanker truck only in an emergency situation. SWDO required backup disposal site.

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	60,000
		NCCW	
		Sanitary	
		Other	
		Total	60,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

3800-PM-WSWM0009e 1/2004
Industrial User Information

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	James E. VanZandt VA Medical Center	Categorical Industry ☐ YES ☒ NO
2. Address:	2907 Pleasant Valley Boulevard Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics: Veterans Administration Health Care Facility

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	
		NCCW	
		Sanitary	33,000
		Other	
		Total	33,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility
1. IU Name:	Veeder-Root Company
2. Address:	Route 764 & Burns Avenue PO Box 1673 Altoona, PA 16603-1673

Categorical Industry ☒ YES ☐ NO

Subchapter N - Effluent Guidelines and Standards
40 CFR Part 433

3. Municipality: Allegheny Township

4. Description of Industry and Wastewater Characteristics Manufacturer of mechanical registers and environmental tank gauging for the petroleum industry.

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
A	Pretreatment Standards for existing sources	Process	20,000
		NCCW	
		Sanitary	9,600
		Other	
		Total	29,600

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☒ Pollutant Group 4 - Acids
- ☒ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

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Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	UNIVAR USA, Inc.	Categorical Industry ☐ YES ☒ NO
2. Address:	Sugar Run Road PO Box 430 Altoona, PA 16603-0430	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: Allegheny Township

4. Description of Industry and Wastewater Characteristics Bulk wholesale of chemicals and chemical storage.

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☐ YES ☒ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	7,500 gal/quarter
		NCCW	
		Sanitary	600 gpd
		Other	
		Total	

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility
1. IU Name:	Healthsouth Rehabilitation Hospital of Altoona
2. Address:	2005 Valley View Boulevard Altoona, PA 16602

Categorical Industry ☐ YES ☒ NO

Subchapter N - Effluent Guidelines and Standards
40 CFR Part

3. Municipality: Logan Township

4. Description of Industry and Wastewater Characteristics Rehabilitation center for continued health care

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	2,200
		NCCW	
		Sanitary	8,000
		Other	
		Total	10,200

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Electric Motor & Supply, Inc.	Categorical Industry ☐ YES ☒ NO
2. Address:	1000 50th Street Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics Repair of electric motors

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	1,500
		NCCW	
		Sanitary	
		Other	
		Total	1,500

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

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BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Benzel's Bretzel Bakery	Categorical Industry ☐ YES ☒ NO
2. Address:	5200 Sixth Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics Snack food manufacturing

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	4,300
		NCCW	
		Sanitary	
		Other	
		Total	4,300

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Altoona-Beasley Manufacturing Inc.	Categorical Industry ☐ YES ☒ NO
2. Address:	PO Box 1721 210 E. Plank Road Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics Re-manufacturer of automobile engines

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	1,150
		NCCW	
		Sanitary	
		Other	
		Total	1,150

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	ALBEMARLE Corporation	Categorical Industry ☒ YES ☐ NO
2. Address:	Tyrone Industrial Park PO Box 216 Tyrone, PA 16686-0216	Subchapter N - Effluent Guidelines and Standards 40 CFR Part 414.111

3. Municipality: Boro of Tyrone

4. Description of Industry and Wastewater Characteristics Manufacturer of specialty chemicals (ALBEBARLE has retained the ACA as a back-up disposal site when discharge flows are greater than what Tyrone WWTP can take)

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
K	Indirect discharger point sources	Process	7,000
		NCCW	
		Sanitary	
		Other	
		Total	7,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	Altoona Mirror	Categorical Industry ☐ YES ☒ NO
2. Address:	301 Cayuga Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: Logan Township

4. Description of Industry and Wastewater Characteristics Newspaper printing

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	2,000
		NCCW	
		Sanitary	
		Other	
		Total	2,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	Blair Medical Associates	Categorical Industry ☐ YES ☒ NO
2. Address:	1414 Ninth Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics Physician Offices

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	5,000
		NCCW	
		Sanitary	
		Other	
		Total	5,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☒ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

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Applicant Name:
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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	Penelec	Categorical Industry ☐ YES ☒ NO
2. Address:	405 W. Plank Road Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part
3. Municipality: City of Altoona		
4. Description of Industry and Wastewater Characteristics Electric services		
5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.")	☒ YES	☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	1,300
		NCCW	
		Sanitary	
		Other	
		Total	1,300

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility

1. IU Name:	Sears Auto Center	Categorical Industry ☐ YES ☒ NO
2. Address:	Logan Valley Mall Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: Logan Township

4. Description of Industry and Wastewater Characteristics Automobile service station

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	1,300
		NCCW	
		Sanitary	
		Other	
		Total	1,300

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☐ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

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Applicant Name:
Outfall Number:

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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	Highway oil, Inc.	Categorical Industry ☐ YES ☒ NO
2. Address:	6139 Sixth Avenue Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: Allegheny Township

4. Description of Industry and Wastewater Characteristics Groundwater remediation

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	15,000
		NCCW	
		Sanitary	
		Other	
		Total	15,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

Applicant Name:
Outfall Number:

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INDUSTRIAL USER INFORMATION

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Altoona City Authority Westerly Wastewater Treatment Facility	
1. IU Name:	Plank Road Mobil	Categorical Industry ☐ YES ☒ NO
2. Address:	101 W. Plank Road Altoona, PA 16602	Subchapter N - Effluent Guidelines and Standards 40 CFR Part

3. Municipality: City of Altoona

4. Description of Industry and Wastewater Characteristics Groundwater remediation

5. Is this industry a significant industrial user (SIU)? (See instructions "Who Must Use This Form.") ☒ YES ☐ NO

6. Subpart Letter	7. Subpart Title	8. Wastewater Flows (gpd)	
		Process	15,000
		NCCW	
		Sanitary	
		Other	
		Total	15,000

9. Check all Pollutant Groups (Table 2) required to be analyzed for this industrial user.

- ☒ Pollutant Group 1
- ☐ Pollutant Group 2 - Metals
- ☒ Pollutant Group 3 - Volatile
- ☐ Pollutant Group 4 - Acids
- ☐ Pollutant Group 5 - Base/Neutral
- ☐ Pollutant Group 6 - Pesticides

10. List any other potential pollutant(s) from 40 CFR Subchapter N that may be present that is not included in the above pollutant groups.

POLLUTANT GROUPS 1 - 6
INFLUENT ANALYSIS

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 1

APPLICANT NAME Altoona City Authority - Westerly

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

1. POLLUTANT GROUP 1	2. LEVEL PRESENT							3. UNITS		4. Coeffici Effluer Variability
	a. Maximum Daily Value[a]		b. Maximum 30 Day Value (if available)[b]		c. Long Term Avg. Value (if available)[c]		d. Number of Analysis	a. Concentration	b. Mass	
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				
Flow (mgd)	28.33		15.32		10.3		366			
Carbonaceous Biochemical Oxygen Demand, CBOD										
Total Suspended Solids, TSS	526		115		94		366			
Total Dissolved Solids, TDS										
Chlorine, Total Residual										
Fecal Coliform										
Nitrate-Nitrite (*as N*)										
Ammonia as N										
Total Kjeldahl Nitrogen (TKN)										
Phosphorus (*as P*), Total										
Total Copper	0.019				0.017		4			
Total Zinc	0.082				0.074		4			
Total Lead	0.004				0.004		4			
Hardness ($CaCO_3$)	166		153		140		254			
Oil and Grease										
pH	Minimum 7.15	Maximum 7.65					366	standard units	standard units	

(a) Maximum Daily Value - Report the highest daily value or average daily value from the last year of sampling taken over the operating hours of the facility during a 24-hour period.
(b) Maximum 30-Day Value - Determine the average of all daily values taken during each calendar month and report the highest average.
(c) Long-Term Average Value - Determine the average of all values within the last year and report both the mass and concentration.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

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ANALYSIS RESULTS TABLE POLLUTANT GROUP 2

APPLICANT NAME Altoona City Authority - Westerly

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 2 Metals		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	3. Level Present c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norn present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
1M	Antimony, Total	2	200.7	0.002		0.002		1				☐	☐	☐	☐	☐	☐
2M	Arsenic, Total	4	200.7	0.004		0.004		3				☐	☐	☐	☐	☐	☐
3M	Beryllium, Total	1	200.7	0.001		0.001		1				☐	☐	☐	☐	☐	☐
4M	Cadmium, Total	1	200.7	0.001		0.001		4				☐	☐	☐	☐	☐	☐
5M	Chromium, Total	1	200.7	0.001		0.001		4				☐	☐	☐	☐	☐	☐
5M	Chromium, Hexavalent											☐	☐	☐	☐	☐	☐
8M	Mercury, Total	0.02	245.1	0.00006		0.00004		4				☐	☐	☐	☐	☐	☐
9M	Nickel, Total	2	200.7	0.005		0.004		4				☐	☐	☐	☐	☐	☐
10M	Selenium, Total	4	200.7	0.004		0.004		4				☐	☐	☐	☐	☐	☐
11M	Silver, Total	3	200.7	0.009		0.0055		4				☐	☐	☐	☐	☐	☐
12M	Thallium, Total	4	200.7	0.004		0.004		1				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitation and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 2		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block o describe another reason.					
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
	Metals			Concentration	Mass	Concentration	Mass		Concentration	Mass							
14M	Cyanide, Total	5	335.1	0.005		0.005		4				☐	☐	☐	☐	☐	☐
15M	Cyanide, Free	5	335.1	0.005		0.005		4				☐	☐	☐	☐	☐	☐
15M	Phenols, Total	10	420.1	0.01		0.01		1				☐	☐	☐	☐	☐	☐
16M	Aluminum, Total											☐	☐	☐	☐	☐	☐
17M	Barium, Total											☐	☐	☐	☐	☐	☐
18M	Boron, Total											☐	☐	☐	☐	☐	☐
19M	Cobalt, Total											☐	☐	☐	☐	☐	☐
20M	Iron, Total											☐	☐	☐	☐	☐	☐
21M	Iron, Dissolved											☐	☐	☐	☐	☐	☐
24M	Manganese, Total											☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitation and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

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ANALYSIS RESULTS TABLE POLLUTANT GROUP 3

APPLICANT NAME | Altoona City Authority - Westerly

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 3		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or d another reason.						
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	(E
	Volatile Organics			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass								
1V	Acrolein	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
2V	Acrylonitrile	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
3V	Benzene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
5V	Bromoform	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
6V	Carbon Tetrachloride	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
7V	Chlorobenzene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
8V	Chlorodibromomethane											☐	☐	☐	☐	☐	☐	
9V	Chloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
10V	2-Chloroethylvinyl Ether	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
11V	Chloroform	1	8260B	0.00204		0.00204		1				☐	☐	☐	☐	☐	☐	
12V	Dichlorobromomethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
14V	1,1-Dichloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
15V	1,2-Dichloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	
16V	1,1-Dichloroethylene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgrou

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a larg number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 3		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or d another reason.					
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
	Volatile Organics			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass							
17V	1,2 Dichloropropane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
18V	1,3-Dichloropropylene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
19V	Ethylbenzene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
20V	Methyl Bromide											☐	☐	☐	☐	☐	☐
21V	Methyl Chloride											☐	☐	☐	☐	☐	☐
22V	Methylene Chloride	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
23V	1,1,2,2-Tetra-chloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
24V	Tetrachloroethylene	1	8230B	0.00665		0.00665		1				☐	☐	☐	☐	☐	☐
25V	Toluene	1	8260B	0.00216		0.00216		1				☐	☐	☐	☐	☐	☐
26V	1,2-Trans-Di-chloroethylene											☐	☐	☐	☐	☐	☐
27V	1,1,1-Trichloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
28V	1,1,2-Trichloroethane	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
29V	Trichloroethylene	1	8260B	0.001		0.001		1				☐	☐	☐	☐	☐	☐
31V	Vinyl Chloride	1	8260B	0.001		0.005		1				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgrou

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a larg number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 4

APPLICANT NAME Altoona City Authority - Westerly

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 4		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be normally present in this discharge, check the appropriate block or describe another reason.						
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E)
	Acid Fraction Organics			Concentration	Mass	Concentration	Mass		Concentration	Mass								
1A	2-Chlorophenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
2A	2,4-Dichlorophenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
3A	2,4-Dimethylphenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
4A	4,6-Dinitro-o-Cresol											☐	☐	☐	☐	☐	☐	
5A	2,4-Dinitrophenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
6A	2-Nitrophenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
7A	4-Nitrophenol	10	8270C	0.010		0.010		3				☐	☐	☐	☐	☐	☐	
8A	P-Chloro-m-Cresol											☐	☐	☐	☐	☐	☐	
9A	Pentachloro phenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
10A	Phenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
11A	2,4,6-Trichlorophenol	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun
* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5

APPLICANT NAME Altoona City Authority - Westerly

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 5		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present				c. Number of Analysis	4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or describe another reason.						
				a. Max Monthly Value		b. Annual Avg. of Analysis												
	Base-Neutral Fraction Organics			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass		Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E)
1B	Acenaphthene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
2B	Acenaphthylene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
3B	Anthracene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
4B	Benzidine	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
5B	Benzo (*a*) Anthracene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
6B	Benzo (*a*) Pyrene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
7B	3,4-Benzo-fluoranthene											☐	☐	☐	☐	☐	☐	
8B	Benzo (*ghi*) Perylene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
9B	Benzo (*k*) Fluoranthene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
10B	Bis (2-*Chloro-ethoxy*) Methane	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
11B	Bis (*2-Chloroethyl*) Ether	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly.
Outfall Number:

Pollutant Group 5 Base-Neutral Fraction Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	3. Level Present c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norr present in this discharge, check the appropriate block o describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
12B	Bis (*2-Chloro-isopropyl*) Ether	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
13B	Bis (*2-Ethylhexyl*) Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
14B	4-Bromophenyl Phenyl Ether	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
15B	Butyl Benzyl Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
16B	2-Chloronaphthalene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
17B	4-Chlorophenyl Phenyl Ether	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
18B	Chrysene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
19B	Dibenzo (*a,h*) Anthracene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
20B	1,2-Dichlorobenzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
21B	1,3- Dichlorobenzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
22B	1,4- Dichlorobenzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
23B	3,3'-Dichlorobenzidine	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
24B	Diethyl Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
25B	Dimethyl Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
26B	Di-N-Butyl Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
27B	2,4-Dinitrotoluene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
28B	2,6-Dinitrotoluene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐
29B	Di-N-Octyl Phthalate	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

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Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 5 Base-Neutral Fraction Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E
30B	1,2-Diphenylhydra-zine (as *Azobenzene)*											☐	☐	☐	☐	☐	☐	
31B	Fluoranthene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
32B	Fluorene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
33B	Hexachloro-benzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
34B	Hexechloro-butadiene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
35B	Hexachloro-cyclopentadiene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
36B	Hexachloroethane	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
37B	Indeno (*1,2,3-cd)* Pyrene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
38B	Isophorone	10	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
39B	Naphthalene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
40B	Nitrobenzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
41B	N-Nitrosodi-methylamine	10	8270C	0.010		0.010		3				☐	☐	☐	☐	☐	☐	
42B	N-Nitrosodi-N-ropylamine	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
43B	N-Nitrosodi-N-phenylamine	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
44B	Phenanthrene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
45B	Pyrene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	
46B	1,2,4-Trichlorobenzene	10	8270C	0.010		0.010		1				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

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Applicant Name: Altoona City Authority - Westerly *
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 6

APPLICANT NAME | **Altoona City Authority - Westerly**

- ☐ **Outfall Number** _____ (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☒ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 6 Pesticides		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
1P	Aldrin	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
2P	Alpha BHC	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
3P	Beta BHC	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
4P	Gamma BHC	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
5P	Delta BHC	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
6P	Chlordane	0.100	8081A	0.0001				1				☐	☐	☐	☐	☐	☐
7P	4,4'-DDT	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐
8P	4,4'-DDE	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐
9P	4,4'-DDD	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐
10P	Dieldrin	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐
11P	Alpha- Endosulfan	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐
12P	Beta-Endosulfan	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

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Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 6	Pesticides	1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm. present in this discharge, check the appropriate block or describe another reason.						
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	(E
				Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass								
13P	Endosulfan Sulfate	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐	
14P	Endrin	0.04	80814	0.00004				1				☐	☐	☐	☐	☐	☐	
15P	Endrin Aldehyde	0.04	8081A	0.00004				1				☐	☐	☐	☐	☐	☐	
16P	Heptachlor	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐	
17P	Heptachlor Epoxide	0.02	8081A	0.00002				1				☐	☐	☐	☐	☐	☐	
25P	Toxaphene	0.1	8081A	0.0001				1				☐	☐	☐	☐	☐	☐	
26P	**DIOXIN:** 2,3,7,8-Tetrachlorodibenzo-P Dioxin											☐	☐	☐	☐	☐	☐	
1R	(1) Alpha, Total											☐	☐	☐	☐	☐	☐	
2R	(2) Beta, Total											☐	☐	☐	☐	☐	☐	
3R	(3) Radium, Total											☐	☐	☐	☐	☐	☐	
4R	(4) Radium 226, Total											☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

POLLUTANT GROUPS 1 - 6
EFFLUENT ANALYSIS

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 1

APPLICANT NAME Altoona City Authority - Westerly

- ☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

1. POLLUTANT GROUP 1	2. LEVEL PRESENT							3. UNITS		4. Coeffici Effluer Variability
	a. Maximum Daily Value[a]		b. Maximum 30 Day Value (if available)[b]		c. Long Term Avg. Value (if available)[c]		d. Number of Analysis	a. Concentration	b. Mass	
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				
Flow (mgd)	28.33		15.32		10.3		366			
Carbonaceous Biochemical Oxygen Demand, CBOD	3.4	164					3			
Total Suspended Solids, TSS	35.5	5095	11.0		8.3		366			
Total Dissolved Solids, TDS	496	23910					3			
Chlorine, Total Residual	N/A									
Fecal Coliform	660		52		26		366			
Nitrate-Nitrite (*as N*)	13.3	641					3			
Ammonia as N	5.31	512	0.70		0.19		366			
Total Kjeldahl Nitrogen (TKN)	2.9	140					3			
Phosphorus (*as P*), Total	2.5	120					3			
Total Copper	0.014	1.17	0.011		0.008		24			
Total Zinc	0.090	4.34					3			
Total Lead	0.008	0.58					3			
Hardness ($CaCO_3$)	174	29632					3			
Oil and Grease	5	241					3			
pH	Minimum 6.60	Maximum 7.20					366	standard units	standard units	

(a) Maximum Daily Value - Report the highest daily value or average daily value from the last year of sampling taken over the operating hours of the facility during a 24-hour period.
(b) Maximum 30-Day Value - Determine the average of all daily values taken during each calendar month and report the highest average.
(c) Long-Term Average Value - Determine the average of all values within the last year and report both the mass and concentration.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 2

APPLICANT NAME Altoona City Authority - Westerly

☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
☐ Water Supply Sampling Results - Optional (Specify Source: _____)
☐ Background Sampling Results - Optional (Specify Location: _____)
☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
☐ New Discharge (Basis for Information: _____)
☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 2 Metals		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	a. Max Monthly Value Mass	b. Annual Avg. of Analysis Concentration	b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
1M	Antimony, Total	2	200.7	0.00424		0.00358		3				☐	☐	☐	☐	☐	☐
2M	Arsenic, Total	4	200.7	0.004		0.004		3				☐	☐	☐	☐	☐	☐
3M	Beryllium, Total	1	200.7	0.001		0.001		3				☐	☐	☐	☐	☐	☐
4M	Cadmium, Total	2	200.7	0.002		0.002		3				☐	☐	☐	☐	☐	☐
5M	Chromium, Total	1	200.7	0.00195		0.00137		3				☐	☐	☐	☐	☐	☐
5M	Chromium, Hexavalent	10	7196A	0.01		0.01		3				☐	☐	☐	☐	☐	☐
8M	Mercury, Total	0.02	245.1	0.00004		0.00003		3				☐	☐	☐	☐	☐	☐
9M	Nickel, Total	10	200.7	0.01		0.01		3				☐	☐	☐	☐	☐	☐
10M	Selenium, Total	4	200.7	0.00482		0.00427		3				☐	☐	☐	☐	☐	☐
11M	Silver, Total	4	200.7	0.004		0.004		3				☐	☐	☐	☐	☐	☐
12M	Thallium, Total	4	200.7	0.00565		0.00499		3				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitation and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 2		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason.					
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
	Metals			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass							
14M	Cyanide, Total	5	335.1	0.005		0.005		3				☐	☐	☐	☐	☐	☐
15M	Cyanide, Free	5	335.1	0.005		0.005		3				☐	☐	☐	☐	☐	☐
15M	Phenols, Total	5	420.1	0.005		0.005		3				☐	☐	☐	☐	☐	☐
16M	Aluminum, Total	50	200.7	0.0654		0.0599		3				☐	☐	☐	☐	☐	☐
17M	Barium, Total	10	200.7	0.0501		0.0427		3				☐	☐	☐	☐	☐	☐
18M	Boron, Total	100	200.7	0.100		0.100		3				☐	☐	☐	☐	☐	☐
19M	Cobalt, Total	10	200.7	0.01		0.01		3				☐	☐	☐	☐	☐	☐
20M	Iron, Total	10	200.7	0.252		0.1706		3				☐	☐	☐	☐	☐	☐
21M	Iron, Dissolved	10	200.7	0.0303		0.0226		3				☐	☐	☐	☐	☐	☐
24M	Manganese, Total	10	200.7	0.0409		0.0299		3				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

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Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 3

APPLICANT NAME Altoona City Authority - Westerly

☒ **Outfall Number** 001 (Show location of sampling point on Line Drawing)
☐ Water Supply Sampling Results - Optional (Specify Source: _____)
☐ Background Sampling Results - Optional (Specify Location: _____)
☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
☐ New Discharge (Basis for Information: _____)
☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 3 Volatile Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or d another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	(E
1V	Acrolein	50	8260B	0.05		0.05		3				☐	☐	☐	☐	☐	☐	
2V	Acrylonitrile	10	8260B	0.01		0.01		3				☐	☐	☐	☐	☐	☐	
3V	Benzene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
5V	Bromoform	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
6V	Carbon Tetrachloride	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
7V	Chlorobenzene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
8V	Chlorodibromomethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
9V	Chloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
10V	2-Chloroethylvinyl Ether	50	8260B	0.05		0.05		3				☐	☐	☐	☐	☐	☐	
11V	Chloroform	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
12V	Dichlorobromomethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
14V	1,1-Dichloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
15V	1,2-Dichloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
16V	1,1-Dichloroethylene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgrou

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Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 3		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or d another reason.					
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis				Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
	Volatile Organics			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass							
17V	1,2 Dichloropropane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
18V	1,3-Dichloropropylene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
19V	Ethylbenzene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
20V	Methyl Bromide											☐	☐	☐	☐	☐	☐
21V	Methyl Chloride											☐	☐	☐	☐	☐	☐
22V	Methylene Chloride	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
23V	1,1,2,2-Tetra-chloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
24V	Tetrachloroethylene	5	8230B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
25V	Toluene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
26V	1,2-Trans-Di-chloroethylene											☐	☐	☐	☐	☐	☐
27V	1,1,1-Trichloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
28V	1,1,2-Trichloroethane	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
29V	Trichloroethylene	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐
31V	Vinyl Chloride	5	8260B	0.005		0.005		3				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgrou

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Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 4

APPLICANT NAME Altoona City Authority - Westerly

☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
☐ Water Supply Sampling Results - Optional (Specify Source: _____)
☐ Background Sampling Results - Optional (Specify Location: _____)
☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
☐ New Discharge (Basis for Information: _____)
☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 4 Acid Fraction Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be normally present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E
1A	2-Chlorophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
2A	2,4-Dichlorophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
3A	2,4-Dimethylphenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
4A	4,6-Dinitro-o-Cresol											☐	☐	☐	☐	☐	☐	
5A	2,4-Dinitrophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
6A	2-Nitrophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
7A	4-Nitrophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
8A	P-Chloro-m-Cresol											☐	☐	☐	☐	☐	☐	
9A	Pentachloro phenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
10A	Phenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
11A	2,4,6-Trichlorophenol	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun
* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5

APPLICANT NAME Altoona City Authority - Westerly

- ☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 5 Base-Neutral Fraction Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	a. Max Monthly Value Mass	b. Annual Avg. of Analysis Concentration	b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norma present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E
1B	Acenaphthene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
2B	Acenaphthylene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
3B	Anthracene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
4B	Benzidine	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
5B	Benzo (*a*) Anthracene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
6B	Benzo (*a*) Pyrene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
7B	3,4-Benzo-fluoranthene											☐	☐	☐	☐	☐	☐	
8B	Benzo (*ghi*) Perylene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
9B	Benzo (*k*) Fluoranthene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
10B	Bis (2-*Chloro-ethoxy*) Methane	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
11B	Bis (*2-Chloroethyl*) Ether	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 5 Base-Neutral Fraction Organics		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be nor present in this discharge, check the appropriate block o describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
12B	Bis (2-*Chloro-isopropyl*) Ether	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
13B	Bis (2-*Ethylhexyl*) Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
14B	4-Bromophenyl Phenyl Ether	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
15B	Butyl Benzyl Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
16B	2-Chloronaphthalene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
17B	4-Chlorophenyl Phenyl Ether	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
18B	Chrysene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
19B	Dibenzo (*a,h*) Anthracene	5	8270c	0.005		0.005		3				☐	☐	☐	☐	☐	☐
20B	1,2-Dichlorobenzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
21B	1,3- Dichlorobenzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
22B	1,4- Dichlorobenzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
23B	3,3'-Dichlorobenzidine	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
24B	Diethyl Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
25B	Dimethyl Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
26B	Di-N-Butyl Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
27B	2,4-Dinitrotoluene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
28B	2,6-Dinitrotoluene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐
29B	Di-N-Octyl Phthalate	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

Pollutant Group 5		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason.						
				a. Max Monthly Value		b. Annual Avg. of Analysis		c. Number of Analysis										
	Base-Neutral Fraction Organics			Concen-tration	Mass	Concen-tration	Mass		Concen-tration	Mass		Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	C (E
30B	1,2-Diphenylhydra-zine (as *Azobenzene)*	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
31B	Fluoranthene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
32B	Fluorene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
33B	Hexachloro-benzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
34B	Hexechloro-butadiene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
35B	Hexachloro-cyclopentadiene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
36B	Hexachloroethane	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
37B	Indeno (*1,2,3-cd)* Pyrene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
38B	Isophorone	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
39B	Naphthalene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
40B	Nitrobenzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
41B	N-Nitrosodi-methylamine	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
42B	N-Nitrosodi-N-ropylamine	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
43B	N-Nitrosodi-N-phenylamine											☐	☐	☐	☐	☐	☐	
44B	Phenanthrene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
45B	Pyrene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	
46B	1,2,4-Trichlorobenzene	5	8270C	0.005		0.005		3				☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly
Outfall Number:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

ANALYSIS RESULTS TABLE POLLUTANT GROUP 6

APPLICANT NAME Altoona City Authority - Westerly

- ☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

Pollutant Group 6 Pesticides		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	3. Level Present c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices
1P	Aldrin											☐	☐	☐	☐	☐	☐
2P	Alpha BHC											☐	☐	☐	☐	☐	☐
3P	Beta BHC											☐	☐	☐	☐	☐	☐
4P	Gamma BHC											☐	☐	☐	☐	☐	☐
5P	Delta BHC											☐	☐	☐	☐	☐	☐
6P	Chlordane											☐	☐	☐	☐	☐	☐
7P	4,4'-DDT											☐	☐	☐	☐	☐	☐
8P	4,4'-DDE											☐	☐	☐	☐	☐	☐
9P	4,4'-DDD											☐	☐	☐	☐	☐	☐
10P	Dieldrin											☐	☐	☐	☐	☐	☐
11P	Alpha- Endosulfan											☐	☐	☐	☐	☐	☐
12P	Beta-Endosulfan											☐	☐	☐	☐	☐	☐

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

Applicant Name: Altoona City Authority - Westerly -
Outfall Number:

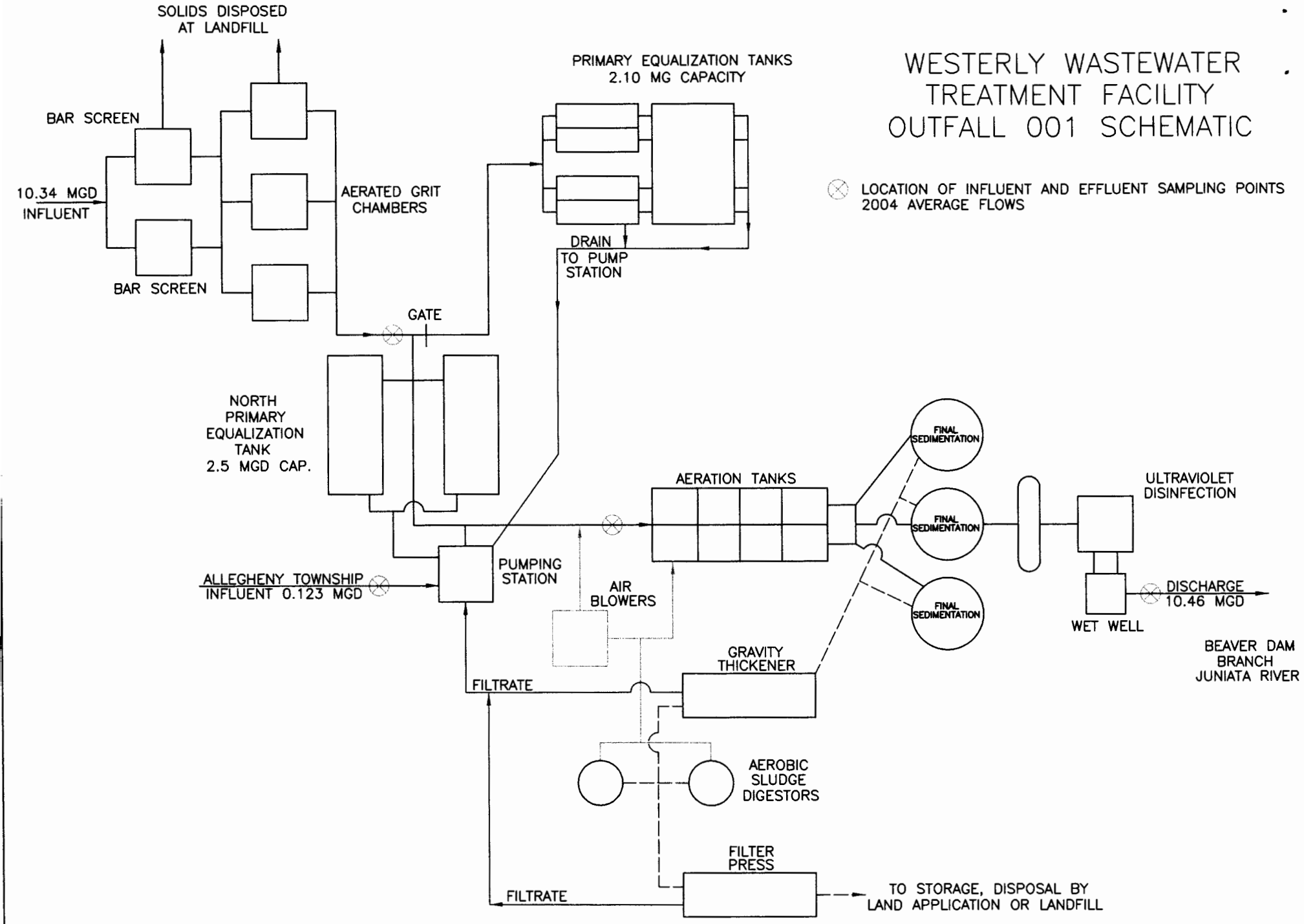
Pollutant Group 6 Pesticides		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present a. Max Monthly Value Concentration	3. Level Present a. Max Monthly Value Mass	3. Level Present b. Annual Avg. of Analysis Concentration	3. Level Present b. Annual Avg. of Analysis Mass	3. Level Present c. Number of Analysis	4. Units Concentration	4. Units Mass	5. Coefficient of Effluent Variability (CV)	6. If you have any reason to expect the pollutant to be norm present in this discharge, check the appropriate block or describe another reason. Industrial Sources	Other Non-Domestic Sources	Domestic Sources	Water Supply	Waste Haulers	O&M Practices	(E
13P	Endosulfan Sulfate											☐	☐	☐	☐	☐	☐	
14P	Endrin											☐	☐	☐	☐	☐	☐	
15P	Endrin Aldehyde											☐	☐	☐	☐	☐	☐	
16P	Heptachlor											☐	☐	☐	☐	☐	☐	
17P	Heptachlor Epoxide											☐	☐	☐	☐	☐	☐	
25P	Toxaphene											☐	☐	☐	☐	☐	☐	
26P	**DIOXIN:** 2,3,7,8-Tetrachlorodibenzo-P Dioxin											☐	☐	☐	☐	☐	☐	
1R	(1) Alpha, Total											☐	☐	☐	☐	☐	☐	
2R	(2) Beta, Total											☐	☐	☐	☐	☐	☐	
3R	(3) Radium, Total											☐	☐	☐	☐	☐	☐	
4R	(4) Radium 226, Total											☐	☐	☐	☐	☐	☐	

3.a. Maximum Monthly Value – Determine the average of all daily values taken during each calendar month and report the highest average.
3.b. Annual Average Value – Determine the average of all values within the last year and report both the mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and backgroun

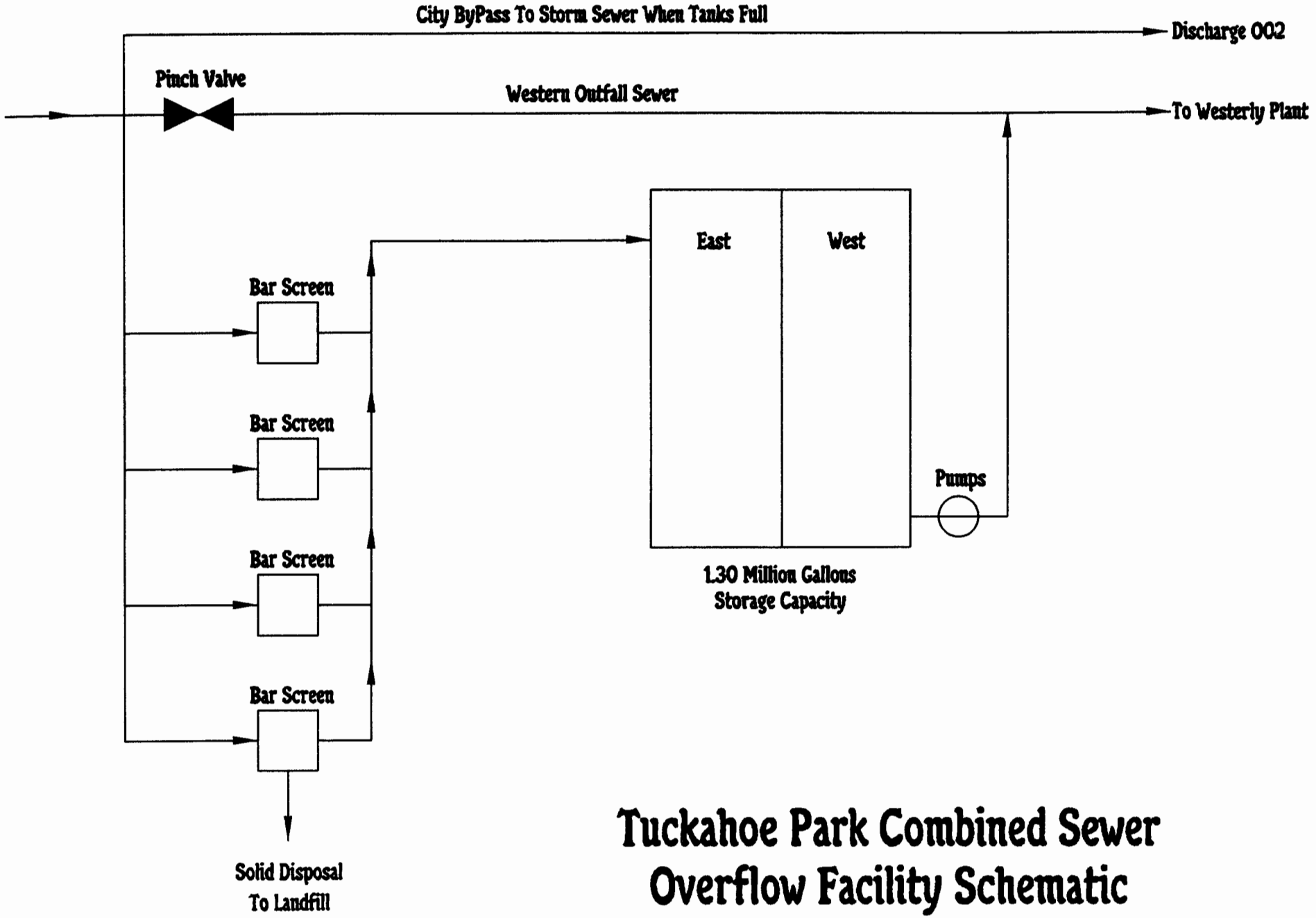
* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limitations and/or monitoring requirements in the final NPDES permit.

SCHEMATICS OF WESTERLY WASTEWATER TREATMENT FACILITY AND TUCKAHOE PARK COMBINED SEWER OVERFLOW FACILITY

WESTERLY WASTEWATER TREATMENT FACILITY OUTFALL 001 SCHEMATIC

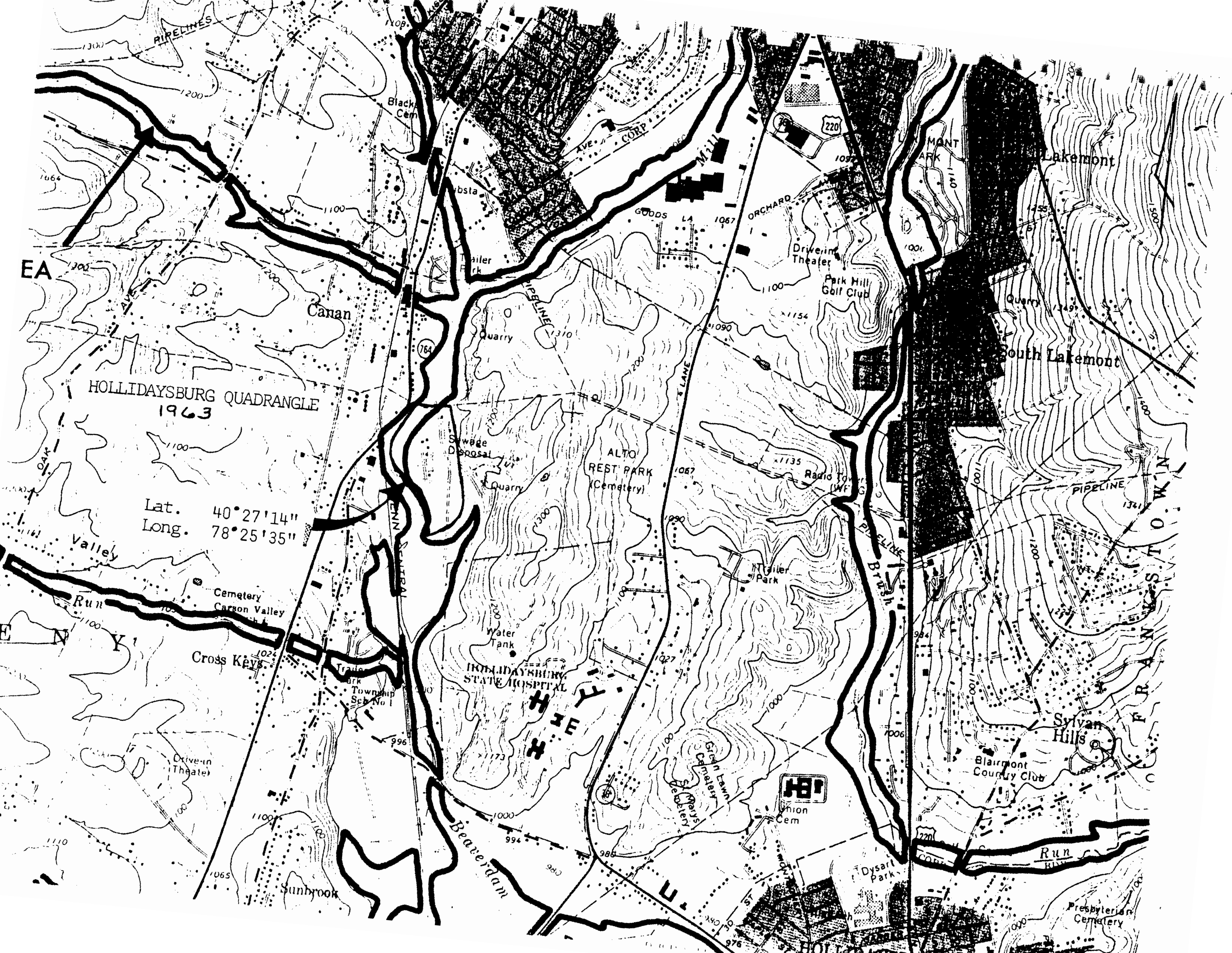


⊗ LOCATION OF INFLUENT AND EFFLUENT SAMPLING POINTS
2004 AVERAGE FLOWS

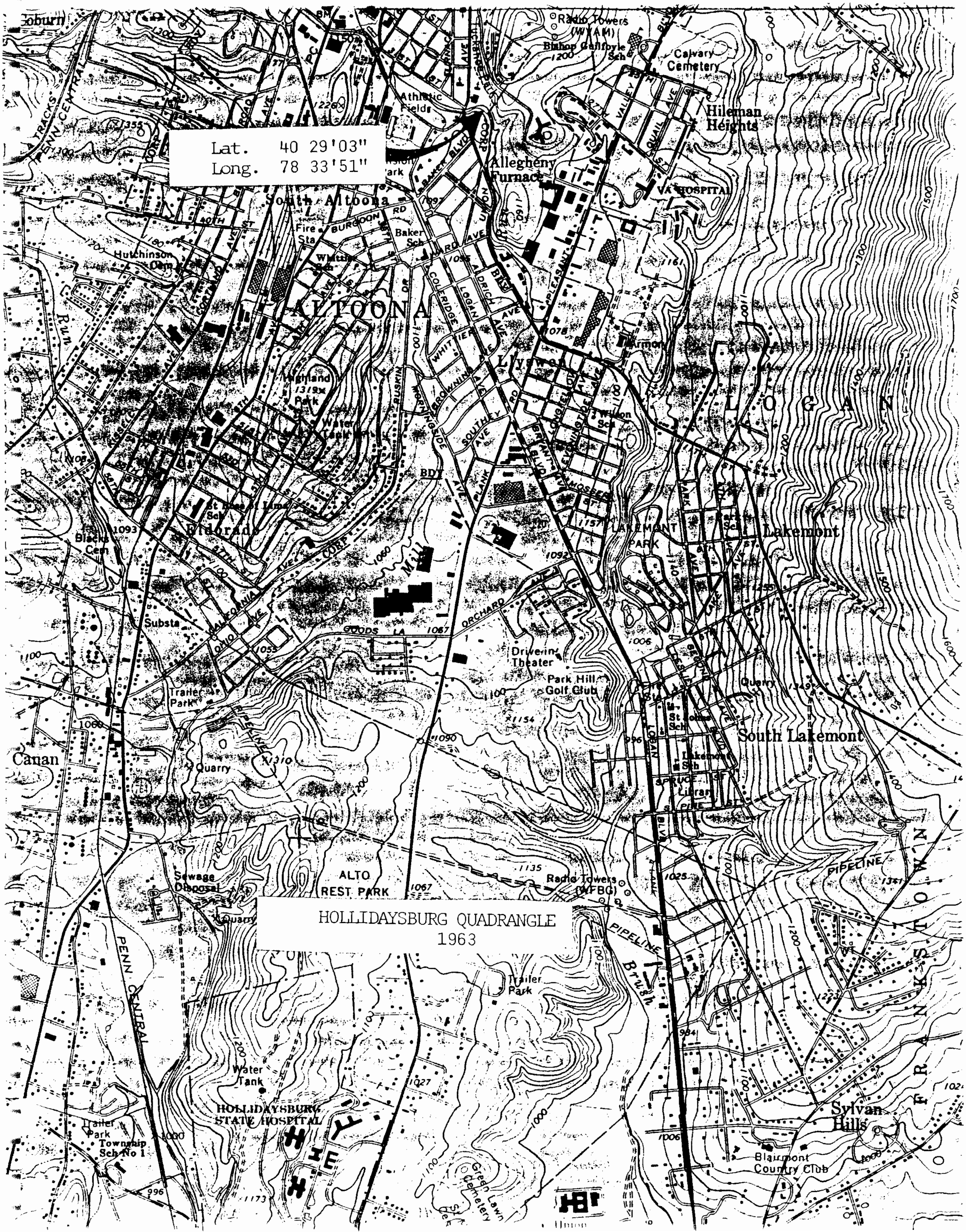


Tuckahoe Park Combined Sewer Overflow Facility Schematic Outfall Number 002

TOPOGRAPHICAL MAPS



HOLLIDAYSBURG QUADRANGLE
1963
Lat. 40°27'14"
Long. 78°25'35"
PIPELINES
Canan
Valley
Run
Cemetery
Carson Valley
Cross Keys
Township Sch No 1
Drive-in Theater
Sunbrook
Beaverdam
Trailer Park
Sewage Disposal
Quarry
PIPELINE
ALTO REST PARK (Cemetery)
Water Tank
HOLLIDAYSBURG STATE HOSPITAL
Green Lawn Cemetery
St Marys Cemetery
Union Cem
Dysart Park
GOODS LA
ORCHARD
Drive-in Theater
Park Hill Golf Club
Radio Towers
Brush
Lakemont
South Lakemont
Sylvan Hills
Blairmont Country Club
Presbyterian Cemetery
FRANKSTOWN


Lat. 40 29'03"
Long. 78 33'51"
HOLLIDAYSBURG QUADRANGLE
1963
ALTOONA
South Altoona
Allegheny Furnace
Hileman Heights
Calvary Cemetery
Athletic Fields
Radio Towers (WVAM)
VA HOSPITAL
Hutchinson Cem
Fire Sta
Baker Sch
Highland Park
Llyswen
Eldorado
LOGAN
Lakemont
LAKEMONT PARK
South Lakemont
Lakemont Sch
Library
Drive-in Theater
Park Hill Golf Club
Canan
Quarry
Substa
Trailer Park
Sewage Disposal
ALTO REST PARK
Radio Towers (WFBG)
PIPELINE
PENN CENTRAL
Water Tank
HOLLIDAYSBURG STATE HOSPITAL
Township Sch No 1
Green Lawn Cemetery
Sylvan Hills
Blairmont Country Club
FRANKSTOWN
Blacks Cem
Coburn

REVISED LOCAL LIMITS
2004

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

JUN 1 2 2005

Mr. George C. Boliski
Pretreatment Coordinator
Altoona City Authority
Wastewater Division
3172 Route 764
Duncansville, PA 16635-7800

Re: NPDES Nos. PA0027014 and PA0027022
Public Notice Number PA-286-JML

Dear Mr. Boliski:

I am pleased to approve the modifications to the local limits of the Altoona City Authority pretreatment program in accordance with the General Pretreatment Regulations (40 C.F.R. 403). The intention to approve this modification was announced to the public on March 31, 2005, and no comments were received. A listing of the documents included in this approval is enclosed.

The Environmental Protection Agency's General Pretreatment Regulations describe the local pretreatment responsibilities based on the Clean Water Act. The pretreatment program that the Altoona City Authority implements must be consistent with these regulations and your approved program.

If this Agency can be of any assistance to you in administering this program, please contact John Lovell at 215-814-5790.

Sincerely,

Victoria P. Binetti

Victoria P. Binetti
Associate Director for
Municipal Assistance
Water Protection Division

Enclosure

cc: James Spontack, PADEP Southcentral Region (w/enclosure)

Documents Included in Pretreatment Program Modification Approval
Public Notice Number PA-286-JML

- Altoona City Authority Resolution #05-02-351 adopted February 18, 2005
- Local limits reevaluation submitted January 16, 2004 and revised June 2004.

Altoona City Authority
Water/Wastewater
20 Greenwood Road
Altoona, PA 16602
phone: 814.949.2222
fax: 814.949.2254
altoonawater.com

March 1, 2005

Mr. John Lovell (3WP24)
Pretreatment Coordinator
EPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029

Re: Pretreatment Program
NPDES Nos. PA0027014 and PA0027022

Dear Mr. Lovell,

Enclosed is a copy of the Altoona City Authority's Resolution #05-02-351 establishing the maximum influent concentrations and the uniform concentration limits for both the Easterly and Westerly Wastewater Treatment Facilities.

If you have any questions or comments regarding the resolution or the contents of the resolution, plese call me at 814-949-2246.

Respectfully,

George C. Boliski
Pretreatment Coordinator

enclosure

ALTOONA CITY AUTHORITY
R E S O L U T I O N #05-02-351

NOW THEREFORE, BE IT RESOLVED by the Board of Directors of the Altoona City Authority, Altoona, Pennsylvania, that the Wastewater System Regulations be hereby amended and supplemented in the following respect:

ARTICLE V - USE OF THE PUBLIC SEWERS
Section 5. - LIMITED DISCHARGES

h. Any waters or wastes containing heavy metals or similar objectionable or toxic substances to such a degree that any such material received in the composite wastewater influents at either wastewater treatment exceeds the following limits:

1. Easterly Wastewater Treatment Facility Maximum Influent Concentrations

Arsenic	0.011 mg/l
Cadmium	0.006 mg/l
Chromium	0.25 mg/l
Copper	0.048 mg/l
Cyanide	0.013 mg/l
Lead	0.010 mg/l
Mercury	0.00018 mg/l
Molybdenum	0.030 mg/l
Nickel	0.095 mg/l
Selenium	0.006 mg/l
Silver	0.020 mg/l
Zinc	0.17 mg/l
PCBs	0.00005 mg/l

2. Westerly Wastewater Treatment Facility Maximum Influent Concentrations

Arsenic	0.006 mg/l
Cadmium	0.005 mg/l
Chromium	0.25 mg/l
Copper	0.12 mg/l
Cyanide	0.022 mg/l
Lead	0.027 mg/l
Mercury	0.00018 mg/l
Molybdenum	0.016 mg/l
Nickel	0.12 mg/l
Selenium	0.008 mg/l
Silver	0.07 mg/l
Zinc	0.36 mg/l
PCBs	0.0001 mg/l

ARTICLE VII - PRETREATMENT
Section 4. LOCAL POLLUTANT LIMITATIONS

1. Easterly Wastewater Treatment Facility Revised local limits were calculated by using the EPA Pretreatment Limit (PRELM) software Version 5.0:

Uniform Concentration Limits

Parameter	Daily Maximum
Arsenic	0.13 mg/l
Cadmium	0.08 mg/l
Chromium	4.42 mg/l
Copper	0.62 mg/l
Cyanide	0.12 mg/l
Lead	0.14 mg/l
Mercury	0.0019 mg/l
Molybdenum	0.44 mg/l
Nickel	1.53 mg/l
Selenium	0.04 mg/l
Silver	0.34 mg/l
Zinc	1.76 mg/l
PCBs	0.00003 mg/l

2. Westerly Wastewater Treatment Facility Revised local limits were calculated by using the EPA Pretreatment Limit (PRELM) software Version 5.0:

Uniform Concentration Limits

Parameter	Daily Maximum
Arsenic	0.15 mg/l
Cadmium	0.23 mg/l
Chromium	11.67 mg/l
Copper	4.85 mg/l
Cyanide	0.84 mg/l
Lead	1.20 mg/l
Mercury	0.0057 mg/l
Molybdenum	0.68 mg/l
Nickel	5.35 mg/l
Selenium	0.18 mg/l
Silver	3.40 mg/l
Zinc	12.54 mg/l
PCBs	0.0005 mg/l

Note: If any SIU is placed into a federal categorical regulation, the more stringent limit shall be enforced.

This resolution adopted on this 18th day of February, 2005

ATTEST:

William C. Geis, Secretary

Chairman/Vice-Chairman

SEAL

I William C. Geis, Secretary of the Altoona City Authority do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at the regular meeting of the Altoona City Authority Board of Directors held the 18th day of February, 2005.

DATE: 2/18/05

William C. Geis, Secretary

SLUDGE ANALYSIS FROM 2004

PENNSTATE
1855

(814) 863-0841 Fax (814) 863-4540
Agricultural Analytical Services Laboratory
The Pennsylvania State University
University Park PA 16802

Analysis Report for Use of Biosolids on Cropland

March 3, 2004

George C Boliski
Altoona City Authority WW Div
3172 Rt 764
Duncansville PA 16635-7800

Lab Sample ID:	**E6672**
Date Received:	February 16, 2004
Date Sampled:	February 11, 2004
County:	Blair
Customer Sample ID:	Westerly Facility

RESULTS

pH	Solids	Volatile	Tot-N	Org-N	NH_4-N	P	K	Mg	Ca	Na	Fe	Al
	%					% (dry weight basis)						
7.1	16.68	59.38	4.86	4.49	.36	2.69	0.71	0.67	2.60	0.10	2.76	2.66

Mn	As	Cd	Cr	Cu	Pb	Hg	Mo	Ni	Se	Zn	PCB	Reactive CN
					mg/kg (dry weight basis)							
563.1	6	3.69	63.2	513.1	219.4	1.96	8.2	41.1	17.2	1505.2	<0.15	< 1

NR-Not Requested

One dry ton of this material is equivalent to 1437 gallons of wet material or 6.0 tons of wet material

PRIMARY NUTRIENT CONTENT

	Level	% on Dry Weight Basis 0-------2-------4-------6-------8		
Total N	4.86	**********	1.03	dry tons of this biosolid will supply 100 lbs of total N.
P_2O_5	6.16	**********	1.86	dry tons of this biosolid will supply 100 lbs of P
K_2O	0.86	***		

ANALYSIS INFORMATION FOR EPA 503 POLLUTANTS

Analyte	EPA SW-846 Method*	Analyst	Date	Time
Cd,Cu,Mo,Pb,Ni,Zn	3051 + 6010	Wenrick	2/27/04	10:13:00 AM
As	3051 + 7060	Kline	2/26/04	12:12:27 PM
Se	3051 + 7740	Kline	2/26/04	12:12:27 PM
Hg	7470	Kline	2/24/04	9:59:06 AM
PCBs**	8082			

* QC procedures specified in each SW-846 method are followed.

**Subcontracted to Fairway Laboratories, Inc., Altoona, PA

RAW LABORATORY BENCH DATA FOR EPA 503 POLLUTANTS

	As	Cd	Cu	Hg		Mo	Ni	Pb	Se	Zn
Wet Wt. aliquot (g)	1.952	1.952	1.952	.648		1.952	1.952	1.952	1.952	1.952
Analyte conc. in digest (mg/L except Hg)	0.020	0.012	1.67	0.212	ug/L	0.027	0.13	0.71	0.056	4.90
Instrument detection limit (mg/L except Hg)	0.003	0.01	0.003	0.04	ug/L	0.005	0.005	0.02	0.005	0.005

COMMENTS:

PENNSTATE

(814) 863-0841 Fax (814) 863-4540
Agricultural Analytical Services Laboratory
The Pennsylvania State University
University Park PA 16802

Analysis Report for Use of Biosolids on Cropland

June 10, 2004

Altoona City Authority-Easterly Facility
3172 Route 764
Duncansville PA 16635

Lab Sample ID: E6934
Date Received: May 27, 2004
Date Sampled: May 25, 2004
County: Blair
Customer Sample ID: Westerly facility

RESULTS

pH	Solids	Volatile	Tot-N	Org-N	NH_4N	P	K	Mg	Ca	Na	Fe	Al
	— % —					% (dry weight basis)						
6.7	18.51	54.98	3.86	3.74	.12	2.43	0.69	0.63	2.20	0.10	2.41	2.37

Mn	As	Cd	Cr	Cu	Pb	Hg	Mo	Ni	Se	Zn	PCB	Reactive CN
					mg/kg (dry weight basis)							
309.1	5.8	<2.76	51.5	440.2	169.9	3.49	6.5	36.4	13.5	1184.2	<0.15	< 1

NR-Not Requested

One dry ton of this material is equivalent to 1296 gallons of wet material or 5.4 tons of wet material

PRIMARY NUTRIENT CONTENT

	Level	% on Dry Weight Basis 0--------2--------4--------6--------8		
Total N	3.86	**********	1.30	dry tons of this biosolid will supply 100 lbs of total N.
P_2O_5	5.56	**********	2.06	dry tons of this biosolid will supply 100 lbs of P
K_2O	0.82	***		

ANALYSIS INFORMATION FOR EPA 503 POLLUTANTS

Analyte	EPA SW-846 Method*	Analyst	Date	Time
Cd,Cu,Mo,Pb,Ni,Zn	3051 + 6010	Wenrick	6/7/04	9:41:00 AM
As	3051 + 7060	Wenrick	6/4/04	1:09:01 PM
Se	3051 + 7740	Wenrick	6/4/04	1:09:01 PM
Hg	7470	Kline	6/2/04	11:37:45 AM
PCBs**	8082			

* QC procedures specified in each SW-846 method are followed.

**Subcontracted to Fairway Laboratories, Inc., Altoona, PA

RAW LABORATORY BENCH DATA FOR EPA 503 POLLUTANTS

	As	Cd	Cu	Hg		Mo	Ni	Pb	Se	Zn
Wet Wt. aliquot (g)	1.958	1.958	1.958	.615		1.958	1.958	1.958	1.958	1.958
Analyte conc. in digest (mg/L except Hg)	0.021	0.008	1.59	0.397	ug/L	0.024	0.13	0.62	0.049	4.29
Instrument detection limit (mg/L except Hg)	0.003	0.01	0.003	0.04	ug/L	0.005	0.005	0.02	0.005	0.005

COMMENTS:

PENNSTATE

(814) 863-0841 Fax (814) 863-4540
Agricultural Analytical Services Laboratory
The Pennsylvania State University
University Park PA 16802

Analysis Report for Use of Biosolids on Cropland

September 8, 2004

George C Boliski
Altoona City Authority-Easterly Facility
3172 Route 764
Duncansville PA 16635

Lab Sample ID: E7212
Date Received: August 18, 2004
Date Sampled: August 16, 2004
County: Blair
Customer Sample ID: westerly plant

RESULTS

pH	Solids	Volatile	Tot-N	Org-N	NH_4N	P	K	Mg	Ca	Na	Fe	Al
	— % —				% (dry weight basis)							
7.0	19.18	53.02	4.11	3.82	.3	2.81	0.49	0.68	2.71	0.09	2.78	2.02

Mn	As	Cd	Cr	Cu	Pb	Hg	Mo	Ni	Se	Zn	PCB	Reactive CN
					mg/kg (dry weight basis)							
721.2	6	5.84	54	540.8	216.8	2.03	6.9	39.8	12.9	1515.1	<0.15	< 1

NR-Not Requested

One dry ton of this material is equivalent to 1250 gallons of wet material or 5.2 tons of wet material

PRIMARY NUTRIENT CONTENT

	Level	% on Dry Weight Basis 0-------2-------4-------6-------8		
Total N	4.11	**********	1.22	dry tons of this biosolid will supply 100 lbs of total N.
P_2O_5	6.43	**********	1.78	dry tons of this biosolid will supply 100 lbs of P
K_2O	0.59	**		

ANALYSIS INFORMATION FOR EPA 503 POLLUTANTS

Analyte	EPA SW-846 Method*	Analyst	Date	Time
Cd,Cu,Mo,Pb,Ni,Zn	3051 + 6010	Wenrick	8/31/04	12:28:00 PM
As	3051 + 7060	Kline	8/25/04	2:08:20 PM
Se	3051 + 7740	Kline	8/25/04	2:08:20 PM
Hg	7470	Kline	8/24/04	10:02:55 AM
PCBs**	8082			

* QC procedures specified in each SW-846 method are followed.

**Subcontracted to Fairway Laboratories, Inc., Altoona, PA

RAW LABORATORY BENCH DATA FOR EPA 503 POLLUTANTS

	As	Cd	Cu	Hg	Mo	Ni	Pb	Se	Zn
Wet Wt. aliquot (g)	2.281	2.281	2.281	.623	2.281	2.281	2.281	2.281	2.281
Analyte conc. in digest (mg/L except Hg)	0.026	0.026	2.37	0.242 ug/L	0.030	0.17	0.95	0.056	6.63
Instrument detection limit (mg/L except Hg)	0.003	0.01	0.003	0.04 ug/L	0.005	0.005	0.02	0.005	0.005

COMMENTS:

PENNSTATE
1855

(814) 863-0841 Fax (814) 863-4540
Agricultural Analytical Services Laboratory
The Pennsylvania State University
University Park PA 16802

Analysis Report for Use of Biosolids on Cropland

December 8, 2004

Kenneth Streilein
Altoona City Authority WW Div
3172 Rt 764
Duncansville PA 16635-7800

Lab Sample ID: E7463
Date Received: November 19, 2004
Date Sampled: November 18, 2004
County: Blair
Customer Sample ID: Westerly Plant

RESULTS

pH	Solids	Volatile	Tot-N	Org-N	NH_4N	P	K	Mg	Ca	Na	Fe	Al
	%					% (dry weight basis)						
5.9	18.16	59.52	4.19	4.11	.09	1.98	0.22	0.27	1.42	0.08	2.21	1.05

Mn	As	Cd	Cr	Cu	Pb	Hg	Mo	Ni	Se	Zn	PCB	Reactive CN
					mg/kg (dry weight basis)							
3094.6	6.8	3.45	44.4	472.3	229.2	1.71	6.7	31.8	7.4	1207.7	<0.22	< 1

NR-Not Requested

One dry ton of this material is equivalent to 1320 gallons of wet material or 5.5 tons of wet material

PRIMARY NUTRIENT CONTENT

	% (dry wt basis)		
Total N	4.19	1.19	dry tons of this biosolid will supply 100 lbs of total N.
P_2O_5	4.53	2.53	dry tons of this biosolid will supply 100 lbs of P
K_2O	0.26		

ANALYSIS INFORMATION FOR EPA 503 POLLUTANTS

Analyte	EPA SW-846 Method*	Analyst	Date	Time
Cd,Cu,Mo,Pb,Ni,Zn	3051 + 6010	Wenrick	12/1/04	11:21:00 AM
As	3051 + 7060	Wenrick	12/2/04	12:36:49 PM
Se	3051 + 7740	Wenrick	12/2/04	12:36:49 PM
Hg	7470	Kline	11/24/04	9:07:03 AM
PCBs**	8082			

* QC procedures specified in each SW-846 method are followed.

**Subcontracted to Fairway Laboratories, Inc., Altoona, PA

RAW LABORATORY BENCH DATA FOR EPA 503 POLLUTANTS

	As	Cd	Cu	Hg		Mo	Ni	Pb	Se	Zn
Wet Wt. aliquot (g)	1.976	1.976	1.976	.629		1.976	1.976	1.976	1.976	1.976
Analyte conc. in digest (mg/L except Hg)	0.024	0.012	1.70	0.195	ug/L	0.024	0.11	0.82	0.027	4.33
Instrument detection limit (mg/L except Hg)	0.003	0.01	0.003	0.04	ug/L	0.005	0.005	0.02	0.005	0.005

Optional Analyses: Results (except soluble salts) on dry weight basis

Nitrate-N (mg/kg)	Total Carbon (%)	CCE Calcium Carbonate Equivalent (%)	Soluble Salts (mmhos/cm)	Other:

FAIRWAY LABORATORIES, INC.

2019 Ninth Avenue
P.O. Box 1925
Altoona, Pennsylvania 16603
www.fairwaylaboratories.com
(814) 946-4306 FAX: (814) 946-8791

Altoona City Authority		Project:	General	**Reported:**
20 Greenwood Road		Project Number:	21563	10/08/04 11:45
Altoona PA, 16602		Collector:	HH	
Project Manager:	George Boliski	Number of Containers:	24	

Client Sample ID: WEST PLANT SLUDGE **Date/Time Sampled:** 09/16/04 08:00

Laboratory Sample ID: 4I16044-01 (Sludge)

Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Metals by EPA 6000/7000 Series Methods						
Antimony	2.96	1.00	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Arsenic	5.20	2.00	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Beryllium	0.658	0.500	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Cadmium	3.18	1.00	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Chromium	33.1	0.500	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Copper	455	5.00	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Lead	181	25.0	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Nickel	25.0	5.00	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Selenium	3.85	2.00	mg/kg dry wt.	10/07/04 10:01	EPA 6010B	ICP
Silver	38.3	2.00	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Thallium	<2.00	2.00	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Zinc	1130	5.00	mg/kg dry wt.	10/07/04 10:00	EPA 6010B	ICP
Metals by EPA 200 Series Methods						
Mercury	2.63	0.0876	mg/kg dry wt.	10/04/04 14:10	EPA 245.1	rb
Organochlorine Pesticides by EPA Method 8081A						
Chlorobenzilate	<18.0	18.0	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Hexachlorobenzene	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Hexachlorocyclopentadiene	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Aldrin	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
alpha-BHC	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
beta-BHC	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
delta-BHC	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
gamma-BHC (Lindane)	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg

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Reviewed and Submitted by:

Michael P. Tyler
Laboratory Director

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Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Organochlorine Pesticides by EPA Method 8081A						
Chlordane (tech)	<22.5	22.5	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
4,4'-DDD	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
4,4'-DDE	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
4,4'-DDT	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Dieldrin	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Endosulfan I	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Endosulfan II	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Endosulfan sulfate	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Endrin	<9.00	9.00	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Endrin aldehyde	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Heptachlor	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Heptachlor epoxide	<4.50	4.50	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Methoxychlor	<45.0	45.0	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Toxaphene	<22.5	22.5	ug/kg dry wt.	09/23/04 16:21	EPA 8081A	bg
Polychlorinated Biphenyls by EPA Method 8082						
PCB-1016	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1221	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1232	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1242	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1248	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1254	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
PCB-1260	<0.225	0.225	mg/kg dry wt.	09/24/04 22:11	EPA 8082	bg
Volatile Organic Compounds by EPA Method 8260B						

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Laboratory Sample ID: 4I16044-01 (Sludge)

Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Volatile Organic Compounds by EPA Method 8260B						
Acrolein	<1.18	1.18	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Acrylonitrile	<0.235	0.235	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Benzene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Bromodichloromethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Bromoform	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Bromomethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Carbon tetrachloride	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Chlorobenzene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Chloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
2-Chloroethylvinyl ether	<1.18	1.18	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Chloroform	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Chloromethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Dibromochloromethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,1-Dichloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,2-Dichloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,1-Dichloroethene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
trans-1,2-Dichloroethene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,2-Dichloropropane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
cis-1,3-Dichloropropene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Ethylbenzene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Methylene chloride	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,1,2,2-Tetrachloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Tetrachloroethene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Toluene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm

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Project Manager:	George Boliski	Number of Containers:	24	

Client Sample ID: WEST PLANT SLUDGE **Date/Time Sampled:** 09/16/04 08:00

Laboratory Sample ID: 4I16044-01 (Sludge)

Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Volatile Organic Compounds by EPA Method 8260B						
1,1,2-Trichloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
1,1,1-Trichloroethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Trichloroethene	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Trichlorofluoromethane	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Vinyl chloride	<0.024	0.024	mg/kg dry wt.	09/20/04 18:09	EPA 8260B	wm
Semivolatile Organic Compounds by EPA Method 8270C						
Acenaphthene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Acenaphthylene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Anthracene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzidine	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzo (a) anthracene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzo (b) fluoranthene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzo (k) fluoranthene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzo (g,h,i) perylene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Benzo (a) pyrene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Bis(2-chloroethoxy)methane	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Bis(2-chloroethyl)ether	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Bis(2-chloroisopropyl)ether	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Bis(2-ethylhexyl)phthalate	6.05	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
4-Bromophenyl phenyl ether	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Butyl benzyl phthalate	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
4-Chloro-3-methylphenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2-Chloronaphthalene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg

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Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Semivolatile Organic Compounds by EPA Method 8270C						
2-Chlorophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
4-Chlorophenyl phenyl ether	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Chrysene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Dibenz (a,h) anthracene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Di-n-butyl phthalate	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
1,2-Dichlorobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
1,3-Dichlorobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
1,4-Dichlorobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
3,3'-Dichlorobenzidine	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,4-Dichlorophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Diethyl phthalate	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,4-Dimethylphenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Dimethyl phthalate	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
4,6-Dinitro-2-methylphenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,4-Dinitrophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,4-Dinitrotoluene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,6-Dinitrotoluene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Di-n-octyl phthalate	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Fluoranthene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Fluorene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Hexachlorobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Hexachlorobutadiene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Hexachlorocyclopentadiene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Hexachloroethane	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg

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20 Greenwood Road		Project Number:	21563	10/08/04 11:45
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Analyte	Result	Laboratory Reporting Limit	Units	Date / Time Analyzed	Method	Analyst
Semivolatile Organic Compounds by EPA Method 8270C						
Indeno (1,2,3-cd) pyrene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Isophorone	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Naphthalene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Nitrobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2-Nitrophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
4-Nitrophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
N-Nitrosodimethylamine	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
N-Nitrosodiphenylamine	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
N-Nitrosodi-n-propylamine	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Pentachlorophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Phenanthrene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Phenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
Pyrene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
1,2,4-Trichlorobenzene	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg
2,4,6-Trichlorophenol	<2.25	2.25	mg/kg dry wt.	09/22/04 08:28	EPA 8270C	bg

Fairway Laboratories, Inc.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Reviewed and Submitted by:

Michael P. Tyler
Laboratory Director

ACT 14
NOTIFICATIONS

Altoona City Authority
Water/Wastewater
20 Greenwood Road
Altoona, PA 16602
phone: 814.949.2222
fax: 814.949.2254
altoonawater.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 24, 2005

Blair County Commissioners
Blair County Courthouse
Hollidaysburg, PA 16648

Re: NPDES Permit Renewal - PA0027014 Easterly Wastewater Treatment Facility
PA0027022 Westerly Wastewater Treatment Facility

Commissioners:

The purpose of this notice is to inform you that the Pennsylvania Department of Environmental Protection (DEP) will receive applications to renew the existing National Pollution Discharge Elimination System (NPDES) permits for the referenced facilities. This notification is part of the Act 14 requirements.

A copy of the applications are available at your request.

If at any time you require information regarding the Altoona City Authority's wastewater operations, please call at your convenience at 949-2246.

Respectfully;

George C. Boliski
Supervisor - Wastewater
Treatment Operations

Altoona City Authority
Water/Wastewater
20 Greenwood Road
Altoona, PA 16602
phone: 814.949.2222
fax: 814.949.2254
altoonawater.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 24, 2005

Supervisors
Township of Logan
800 39th Street
Altoona, PA 16602

Re: NPDES Permit Renewal - PA0027014 Easterly Wastewater Treatment Facility
PA0027022 Westerly Wastewater Treatment Facility

Dear Supervisors,

The purpose of this notice is to inform you that the Pennsylvania Department of Environmental Protection (DEP) will receive applications to renew the existing National Pollution Discharge Elimination System (NPDES) permits for the referenced facilities. This notification is part of the Act 14 requirements.

A copy of the applications are available at your request.

If at any time you require information regarding the Altoona City Authority's wastewater operations, please call at your convenience at 949-2246.

Respectfully;

George C. Boliski
Supervisor - Wastewater
Treatment Operations

Altoona City Authority
Water/Wastewater
20 Greenwood Road
Altoona, PA 16602
phone: 814.949.2222
fax: 814.949.2254
altoonawater.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 24, 2005

Allegheny Township Supervisors
Municipal Building
3131 Old Sixth Avenue Road
Duncansville, PA 16635

Re: NPDES Permit Renewal - PA0027014 Easterly Wastewater Treatment Facility
PA0027022 Westerly Wastewater Treatment Facility

Gentlemen,

The purpose of this notice is to inform you that the Pennsylvania Department of Environmental Protection (DEP) will receive applications to renew the existing National Pollution Discharge Elimination System (NPDES) permits for the referenced facilities. This notification is part of the Act 14 requirements.

A copy of the applications are available at your request.

If at any time you require information regarding the Altoona City Authority's wastewater operations, please call at your convenience at 949-2246.

Respectfully;

George C. Boliski
Supervisor - Wastewater
Treatment Operations

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLAIR COUNTY COMMISSIONERS
BLAIR COUNTY COURTHOUSE
HOLLIDAYSBURG PA 16648

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Steve Piltmeier
C. Date of Delivery 5-25-05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2030 0003 0310 3844

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2030 0003 0310 3844

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

HOLLIDAYSBURG PA 16648

Postage	$ $0.37
Certified Fee	$2.30
Return Reciept Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $4.42

DUNCANSVILLE, PA 16635 03 Postmark Here
MAY 24 2005
05/24/2005

Sent To BLAIR COUNTY COMMISSIONERS
Street, Apt. No.; or PO Box No. BLAIR COUNTY COURTHOUSE
City, State, ZIP+4 HOLLIDAYSBURG, PA 16648

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ALLEGHENY TOWNSHIP
SUPERVISORS
MUNICIPAL BUILDING
3131 OLD 6TH AVE ROAD
DUNCANSVILLE, PA 16635

A. Signature

X G W Lukenovic ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5/25/05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2030 0003 0310 3868

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2030 0003 0310 3868

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OFFICIAL USE

DUNCANSVILLE PA 16635

Postage	$ $0.37
Certified Fee	$2.30
Return Reciept Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $4.42

DUNCANSVILLE, PA 0635 03 Postmark Here
MAY 24 2005
05/24/2005
16635

Sent To ALLEGHENY TOWNSHIP SUPERVISORS
Street, Apt. No.; or PO Box No. 3131 OLD 6TH AVE ROAD
City, State, ZIP+4 DUNCANSVILLE, PA 16635

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUPERVISORS
TOWNSHIP OF LOGAN
800 39TH STREET
ALTOONA, PA 16602

A. Signature
X Joyce McIntire ☐ Agent ☐ Addressee

B. Received by (Printed Name) Joyce McIntire
C. Date of Delivery 5/25/05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 2030 0003 0310 3875

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7002 2030 0003 0310 3875

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

ALTOONA PA 16602

Postage	$ $0.37
Certified Fee	$2.30
Return Reciept Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $4.42

DUNCANSVILLE, PA
0635
05 MAY 2005
Postmark Here

Sent To TOWNSHIP OF LOGAN
Street, Apt. No.; or PO Box No. 800 39TH STREET
City, State, ZIP+4 ALTOONA, PA 16602

PS Form 3800, June 2002 See Reverse for Instructions